FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094417 (8)

ISLAND RESTAURANT OF THE FLORIDA KEYS, INC.

Principal Place of Business Mailing Address

\$675 SOUTH ROOSEVELT BLVD.

3675 SOUTH ROOSEVELT BLVD.

FILED May 08 1997 8:00am Secretary of State



3675 SOUTH ROOSEVELT BLVD. KEY WEST FL 33040				3675 SOUTH ROOSEVELT BLVD. KEY WEST FL 33040-5254							
								3. Date Incorporated or Qualified 11/14/1996	3a. Da	nte of Leist	Report
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	1		pplied For
21			26	26				165-0645634	1		lot Applicable
Sulte, Apt. #, etc.			27	Suite. Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & State			28	City & State			Election Campaign Financing Trust Fund Contribution) May Be I to Fees	
Zip				Zip Country				8. This corporation has liability for	intangible	tax under	s. 199.032,
24	25			29 30				Florida Statutes Yes No			
	9, Name	and Address of Curren	t Regis	stered Agent		-	·	10. Name and Address of New Re	gistered	Agent	
LEA	MARD, WAI	rren				81	Name				
3675 SOUTH ROOSEVELT BLVD. KEY WEST FL 33040							Street Ad	ress (P.O. Box Number is Not Acceptable)			
						В3					
						64	City		FL	, '	Code
SIGNATURE	to the provisi egisterediag m familiar wi	ons of Soctions (107)050 ent, or both, in the State th, and accept the obligation or printed name of registered ago	N					rporation submits this statement for the pation's board of directors. I heroby acceptions to the patient of the	ourpose of the app	t changing pointment a	nts registered s registered
12.	V -	OFFICERS AN	D DIRE	CIORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	D			DELETE	1.01	ILE				Change	Addition
NAME	LEAMARI), Warren			1.P.N	IAME					
STREET ADDRESS 3675 SOUTH ROOSEVELT BLVD				1.B ST			ADDRESS				
CITY-ST-ZIP	KEY WES	T FL 33040			140	ITY-S	ST-7/P			·— -	
TIFLE				☐ DETEAE	211	ITLE				Change	Addition
NAME					22 N	IMAI					
STREET ADDRESS					23 S	RED	ADDRESS	.			
CITY-ST-ZIP				T SECTION			ST-ZIP			Change	Addition
TITLE				☐ DELETE	3.1 ₹		1			[_] Change	L_J Abdilloli
NAME					32 N						
STREET ADDRESS					- 1		ADORESS				
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TALE				€1 btrut	4.1 7					onangt	, L., Munitun
NAME						NAME	r Appropries				
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NAME							t Antonice				
STREET ADDRESS							T ADDRESS				
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TITLE				L. precit		NAME				Drinning	
NAME DYDECT ADDRESS							TADODECC				
STREET ADDRESS							T ADDRESS				
CITY-ST-ZIP	by certify the	I the information supplie	d will	this filing does not ou	■ 640 abby for the	ALY-	\$1-Z(P	led in Section 119.07(3)(i), Florida Statuti	es. I furthe	er certify th	at the

Information indicated on this denoted report or supplied enter initing coes not quanty for the exemption isaction is section 3 (a.0.7(3)0). Fortida Statutes. Further certify that the Information indicated on this denoted report or supplied enter an under coath; that I am an officer or director of the corporation of this regioner or truffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block h3 if changed, or you are attachment with an address.

ONATURE MILLER Almand

5/1/97

205-296-8268