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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 11 1998 8:00am

Secretary of State

Secretary State DIVISION OF CORPORATIONS

DOCU 1. Corporation 801 E	MEN # P9700 BOURBON, INC.	0083229 (9)			
Principal Plac	ce of Business	Mailing Address			
1013 TRUMAN AVENUE		1013 TRUMAN AVENUE			
KEY WEST	FL \$3040	KEY WEST FL 33040		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
	<b>`</b>			09/25/1997	
	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21 80	<b></b>	26		65 -0783769 Not Applicat	
Suite, Apt.	#, BIC.	Suite, Apt. #. etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Regulated	
City & Stat	le .	City & State		6. Election Campaign Financing \$5.00 May Be	
23 Key	West ,FL	28		Trust Fund Contribution Added to Fees	
Zip 33	040 Country	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No	
<u> </u>	9. Name and Address of Current			10. Name and Address of New Registered Agent	
· •	KLITENICK, RICHARD M		81 Name		
402 APPELROUTH LANE KEY WEST FL 33040		B2 Str		ddress (P.O. Box Number is Not Acceptable)	
				· · · · · · · · · · · · · · · · · · ·	
			83		
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Statute	s the above named co		
office or r	registered agent, or both, in the State of the obligation of the o	of Horida, Such change was a lions of Section 607,0505. Flor	uthorized by the corpo	orporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE					
	Signature, typed or printed name of registered agen		Registered Agent signature re		
<b>12.</b> TITLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SCHROEDER, JOSEPH	L.J Parker	1.2 NAME	Schroceler, Joseph J.	
STREET ADDRESS	1013 TRUMAN AVENUE		1.3 STREET ADDRESS	1013 Trumen Ave.	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	Yey West, FL 33040	
TITLE		☐ DELETE	2.1 TITLE	V/D ⊠ Change ☐ Additi	
NAME			2.2 NAME	Gilleran , James R.	
STREET ADDRESS			2.3 STHEET ADDRESS	1013 Trumen Ave	
CITY-ST-ZIP		Distric	2. 4 CITY - S1 - ZIP	Lev West, TL 33040	
TITLE NAME		Druete	3.1 TITLE 3.2 NAME	S/T/D	
STREET ADDRESS			3.3 STREET ADDRESS	Babb, James G. 1013 Trumen Ave.	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Key West, FL 33040	
TITLE		DELFTE	4.1 TITLE	☐ Change ☐ Additi	
NAME			4.2 NAME		
STREET ADDRESS			4.9 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Additi	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	Change Additi	
TITLE NAME		☐ Otter	6.1 TITLE 6.2 NAME	Cuange Aduly	
STREET ADDRESS			6.3 STREET ADDRESS		
OTV. CT. TID			6.3 STREET ADDINESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, open an attachgent with an address. 4-21-98 305/293-9600