PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State /
DIVISION OF CORPORATIONS

DOCUMENT # P98000016221 KEY WEST JUNGLE CAFE, INC. Mailing Address Principal Place of Business C/O ISE SCREAM. INC. C/O ISE SCREAM, INC. 625 DUVAL STREET 625 DUVAL STREET DO NOT WRITE IN THIS SPACE KEY WEST FL 33040 KEY WEST FL 33040 3. Date incorporated or Qualifed 02/18/1998 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 6::This corporation owes the current year intengible :: 30 Personal Property Tax. Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MENDOLA, CHARLES Street Address (P.O. Box Number is Not Acceptable) 625 DUVAL STREET KEY WEST FL 33040 'Zip Code 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 11 MIE PD TITLE MENDOLA, CHARLES 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS **625 DUVAL STREET** KEY WEST FL 33040 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-ST-ZIP CITY ST-ZIP Addition DELETE 31 mle Change TIME 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIF DELETE TITLE 4.2 NAME HAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZF ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 81 TIBE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 8.4 CITY-5T-ZIP

14. I hereby certify that the information supplied with this filing class for charty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplements a mual report fund on a contract and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or treatges improveded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or op the chapter 607 and the corporation of th

SIGNATURE.*

MONATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTO

1/12/99 ×35-291: 4083

Feb 06, 1999 8:00 am

Secretary of State

02-06-1999 90021 016 ***150.00