

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S06042 (3)**

1. Corporation Name
KOKOMO'S CARIBBEAN BAR & GRILL, INC.



Principal Place of Business: **1501 WATERFORD DRIVE VENICE FL 34292**
Mailing Address: **1501 WATERFORD DRIVE VENICE FL 34292**

3. Date Incorporated or Qualified: **10/15/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0226538**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent
**MCINTYRE, SHAWN R.
1501 WATERFORD DRIVE
VENICE FL 34292**

10. Name and Address of New Registered Agent
81 Name: **Michael W. Miller**
82 Street Address (P.O. Box Number is Not Acceptable): **1501 WATERFORD Drive**
83
84 City: **Venice** FL 85 Zip Code: **34292**

11. Pursuant to the provisions of Sections 607.07(3) and 607.1504, 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 607.07(3), Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent or officer

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MILLER, MICHAEL W.	1.2 NAME	
STREET ADDRESS	1501 WATERFORD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	VSD
NAME	MCINTYRE, SHAWN R.	2.2 NAME	PARRISH, JAYNE E.
STREET ADDRESS	1501 WATERFORD DR	2.3 STREET ADDRESS	1501 WATERFORD DRIVE
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	D	3.1 TITLE	
NAME	MCINTYRE, SHAWN R.	3.2 NAME	
STREET ADDRESS	1501 WATERFORD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	800001864578
STREET ADDRESS		5.3 STREET ADDRESS	-06/18/96--01011--035
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (941) 485-5263
DATE TIME

CR2E034 (12/95)