


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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S38157** (1)
1. Corporation Name
KELLY'S SALOON, INC.

Principal Place of Business 1656 DAWN STREET SARASOTA FL 34231-8835	Mailing Address 1656 DAWN STREET SARASOTA FL 34231-8835
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2. Principal Place of Business 21 KELLY'S SALOON Suite, Apt. #, etc. 22 3218 CLARK RD City & State 23 SARASOTA FLA Zip 24 34231 Country 25 US		2a. Mailing Address 26 3218 CLARK RD Suite, Apt. #, etc. 27 1656 DAWN ST City & State 28 SARASOTA FLA Zip 29 34231 Country 30 US		3. Date Incorporated or Qualified 03/15/1991	3a. Date of Last Report 09/03/1996
		4. FEI Number 65-0251475		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCARLETT, GARY 1656 DAWN STREET SARASOTA FL 34231		10. Name and Address of New Registered Agent 81 Name JAMES D KELLY 82 Street Address (P.O. Box Number Is Not Acceptable) 1656 DAWN ST 83 SARASOTA FLA 84 City FL 85 Zip Code 34231	
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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.

SIGNATURE **JAMES D KELLY** *James D Kelly* DATE **4/29/97**
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME HOME ADDRESS CITY-STATE-ZIP STREET ADDRESS CITY-STATE-ZIP STREET ADDRESS CITY-STATE-ZIP STREET ADDRESS CITY-STATE-ZIP STREET ADDRESS CITY-STATE-ZIP	PD SCARLETT, GARY 1656 DAWN STREET SARASOTA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	PRESIDENT JAMES D KELLY 1656 DAWN ST SARASOTA FLA 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby 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 or on an attachment with an address.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

DTOL

Date

Daytime Phone #

04: 117

CR2E034 (9/96)