

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90035 008 ***550.00

DOCUMENT # **V70035**

1. Corporation Name

CONCH CAFE', INC.

Principal Place of Business

**11 DUVAL STREET
KEY WEST FL 33040**

Mailing Address

**1211 DUVAL STREET
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1992

4. FEI Number

65-0360947

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COLLET, JEAN CRISTOPHE
1001 EATON ST.
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	DELET	1.1 TITLE	Change	Addition
PD DANIELLE, DAHON 1211 DUVAL ST. KEY WEST FL	<input type="checkbox"/>	1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
SD COLLET, JEAN CRISTOPHE 1211 DUVAL ST. KEY WEST FL	<input type="checkbox"/>	1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	1.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/99

Date

Daytime Phone #

CR2E034 (5/99)