FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

95 JUL 19 PM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **232327** **(7)**

1. Corporation Name

LAKESHORE LOUNGE, INC.

300001545063
-07/25/95--01053--012
****225.00 ****225.00

Principal Place of Business	Mailing Address
5347 SAN JUAN AVENUE JACKSONVILLE FL 32210-3141	5347 SAN JUAN AVENUE JACKSONVILLE FL 32210-3141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/20/1960**
3a. Date of Last Report: **10/04/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **59-0903351** — Applied For / Not Applicable

Suite, Apt. # or Rm. — 22 / 27

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

Zip — 24 / County — 25 / Zip — 29 / County — 30

8. The corporation has qualified as an employer under 5 [illegible] Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

IOCCO, ROBERT F.
5347 SAN JUAN AVENUE
JACKSONVILLE FL 32210

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

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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

12. OFFICER AND DIRECTOR DATA		13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR DATA
Title	PD	[ ] Change [ ] Add or Delete
Name	IOCCO, ROBERT F.	
Address	6320 HYDE GROVE AVE.	
City/State/Zip	JACKSONVILLE FL	
Title	STD	[ ] Change [ ] Add or Delete
Name	IOCCO, ELEANOR	
Address	6320 HYDE GROVE AVE.	
City/State/Zip	JACKSONVILLE FL	
Title	SD	[ ] Change [ ] Add or Delete
Name	TALBOT, CHRISTINE	
Address	6320 HYDE GROVE AVE.	
City/State/Zip	JACKSONVILLE FL	
Title		[ ] Change [ ] Add or Delete
Name		
Address		
City/State/Zip		
Title		[ ] Change [ ] Add or Delete
Name		
Address		
City/State/Zip		
Title		[ ] Change [ ] Add or Delete
Name		
Address		
City/State/Zip		

CH

14. I (we) hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemption stated in Section 607.1622, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report complies with the applicable provisions of Section 607.1622, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

SIGNATURE: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X [signature] — 7/10/95 — DATE

0016673 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED
JUL
FILED
95 JUL 27 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 235096

1. Corporation Name

J & L FEED & SUPPLY, INC.

Principal Place of Business
133 SW 3rd Avenue
Dania, Florida 33004

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/04/60**
3a. Date of Last Report: **05/01/94**

2. Principal Place of Business
21 **133 SW 3rd Avenue**
22 Suite, Apt. #, etc
23 City & State: **Dania, Florida**
24 Zip: **33004** 25 Country: **USA**

2a. Mailing Address
26 **133 SW 3rd Avenue**
27 Suite, Apt. #, etc
28 City & State: **Dania, Florida**
29 Zip: **33004** 30 Country: **USA**

4. FEI Number: **59-0853143** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

John W. Lillycrop
133 SW 3rd Avenue
Dania, Florida 33004

10. Name and Address of New Registered Agent

81 Name: **Donald P. Dufresne, Attorney**
82 Street Address (P.O. Box Number is Not Acceptable): **Dufresne & Witkowski, P.A.**
83 **12788 Forest Hill Boulevard**
84 City: **Wellington, Florida** 85 State: **FL** Zip Code: **33414**

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: _____ **Donald P. Dufresne** **July 26, 1995**
Signature, type or print name of registered agent and title if applicable — (NOTE: Registered Agent signature required when restating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	**P/VP/T/S/D** ☒ Change ☐ Addition **Sohail Quraeshi** **133 SW 3rd Avenue** **Dania, Florida 33004**
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TJS 7/27/95	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

800001547748
-07/27/95--01064--006
225.00 ****225.00
225.00

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)(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.

SIGNATURE: _____ **July 26, 1995** **407-791-3074**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Sohail Quraeshi