PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # G37276

SHELL SHACK OF ST. AUGUSTINE, INC.

									 	
Principal Place	e of Business	Mailing Address			•		•			
5731 AIA S	•	PO BOX 1107								
ST AUGUSTINE FL 32084		KEY LARGO FL 33037-1107			DO NOT WRITE IN THIS SPACE					
US		US				3. Date Incorporated or Qualifed				
						05/06/1983			į	
2 D-ii	Name of Propinson	2a. Mailing Address				4. FEI Number		TTA	Applied For	
·	Place of Business	<u> </u>				59-2420354			Not Applicable	
21	# -t-	26 Suite, Apt. #; etc.				J3 2420034			Additional	
Suite, Apt. #, etc.		27				5. Certificate of Status Desired			Required	
City & State		City & State				6. Election Campaign Financing		\$5 N	Nav Be	
23		28				Trust Fund Contribution				
Zip	Country	Zip	C	ountry		8. This corporation owes the current year	r Intang	ible		
24	25	29	30	•		Personal Property Tax.		Yes	□No	
24	9. Name and Address of Curren		1001			10. Name and Address of New Registe	red Age	ent		
				81	Name	r.				
BAKI	er, Michael				0	dress (P.O. Box Number is Not Acceptable)				
PACI	IFIC AVE HARRY HARRIS PK			82	Street Ad	raress (P.O. Box Number is Not Acceptable)				
TAVE	ERNEIR FL 33070			83						
		,		\sqcup				. 1		
				84	City		FL ľ	35 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Si	tatutes, the	above	e-named co	orporation submits this statement for the purpos	e of cha	nging i ent as	ts registered registered	
office or n	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change witions of, Section 607.0505,	as authoriz i, Florida St	ed by tatutes.	the corpora	ation's board of directors. I nereby accept the a	ppointm	nging i ent as	ts registered registered	
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14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90263 009 ***150.00