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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H54690

HARBOU	r lights restaurant, in	NC.						
Principal Place	of Business	Mailing Address				ILE BALL DIDII DI	ali dibil ululi	BIBRI BIBII RBBI
•		BERVALDI. FRANK V.						
BERVALDI. FRANK V. 1224 SOUTH STREET		1224 SOUTH STREET		•				
KEY WEST FL 33040		KEY WEST FL 33040		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualifed				
					05/01/1985			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	pplied For
21		26			65-0163669			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional
22		27						equired
City & State		City & State			6. Election Campaign Financing			-May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Int		57.
24	25		30		Personal Property Tax.		Yes	™No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New F	kegisterea .	Agent	
DEDU	MADE FRANK V		81	Name				}
BERVALDI, FRANK V.			82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
1224 SOUTH STREET								
KEY	WEST FL 33040		83					
			84	City			85 Zip	Code
				1		FL		
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above	e-named corp	poration submits this statement for the	purpose of of the appoi	changing its	eaistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on the state of the including at a state of the obligate and accept the obligate and the state of the obligate and the state of the obligate and the oblig	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statutes	tne corporati	poration submits this statement for the ion's board of directors. I hereby accepted when reinstating)	purpose or ot the appoint	changing its	egistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State o	of Florida. Such change was au- tions of, Section 607.0505, Flori- at and title if applicable. (NOTE: I	thorized by da Statutes	tne corporati	ion's poard of directors. Thereby accep	DATE DATE	iunem as re	
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CITY-ST-ZIP 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.

SIGNATURE: