

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J37017** (7)

1. Corporation Name  
**MASCOTTE BAR, INC.**



Principal Place of Business: **14507 MASC EMPIRE RD. GROVELAND FL 34736**  
Mailing Address: **14507 MASC EMPIRE RD. GROVELAND FL 34736**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>10/01/1986</b>	<b>05/25/1995</b>
4. FEI Number	Applied For
<b>59-2724164</b>	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				10. Name and Address of New Registered Agent			
<b>CARR, PAULETTE A. 5 WEST MYERS BLVD. MASCOTTE FL 32753</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 NAME	PD	<input type="checkbox"/> DELETE	13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	CARR, PAULETTE A.		13.2 NAME		
12.3 CITY, ST, ZIP	5 WEST MYERS BLVD.		13.3 STREET ADDRESS		
12.4 TITLE	MASCOTTE FL	<input type="checkbox"/> DELETE	13.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME			13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS			13.6 NAME		
12.7 CITY, ST, ZIP		<input type="checkbox"/> DELETE	13.7 STREET ADDRESS		
12.8 NAME			13.8 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 STREET ADDRESS			13.9 TITLE		
12.10 CITY, ST, ZIP		<input type="checkbox"/> DELETE	13.10 NAME		
12.11 NAME			13.11 STREET ADDRESS		
12.12 STREET ADDRESS			13.12 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 CITY, ST, ZIP		<input type="checkbox"/> DELETE	13.13 TITLE		
12.14 NAME			13.14 NAME		
12.15 STREET ADDRESS			13.15 STREET ADDRESS		
12.16 CITY, ST, ZIP			13.16 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is exactly as furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 Boxes 12 or 13 if I change, I, or on an attachment with an address.

SIGNATURE: *Paulette A Carr* 1-15-96/352 429-2674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)