FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K02324

(7)

DOC'S BEACH HOUSE RESTAURANT, INC.

Principal Place of Business	Mailing Address
ATOM LEGIZORY BLUD	OTODO LUCKODY OLUD

FILED Jan 23 1998 8:00am Secretary of State



BONITA SPRINGS FL 33923 **BONITA SPRINGS FL 33923** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0027761 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PLANT, INA 27300 PATRICK ST Street Address (P.O. Box Number is Not Acceptable) 82 **BONITA SPRINGS FL 34135** 84 City 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE PD DELETE Change Addition CIBULA, GEORGE NAME 1.2 NAME 703 FOSTER AVENUE STREET ADDRESS 1.3 STREET ADDRESS BENSONVILLE IL CITY-ST-ZIP 1.4 CITY-ST-ZIP VΤŌ DELETE Change Addition TITLE 2.1 TITLE CIBULA, PATRICK NAME 2.2 NAME 346 ASHLAND STREET ADDRESS 2.3 STREET ADDRESS RIVER FOREST II CITY - ST - ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE: