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

TITLE

HALLE

STREET ADDRESS

SIGNATURE: -

FILED May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K38352 (6)OCEAN CAFE, CORP. Principal Place of Business Mailing Address 1100 LINTON BLVD P O BOX 4727 PORTSMOUTH NH 03802 SUITE CO DELRAY BEACH FL 33444 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1000 Market St **NOT APPLICABLE** 26 Not Applicable Suite, Apt. #, etc. Suite, Apt, \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be mouth Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CRITCHFIELD, RICHARD H Name 1745 N CONGRESS AVE. Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33426** 83 84 City 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, t 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE WALSH, MARK NAME 1.2 NAME 1100 LINTON BLVD STE C9 1.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 21 TITLE WALSH, MARK NAME 2.2 NAME 1100 LINTON BLVD STE C9 STREET ADDRESS 2.3 STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

61 TITLE

6.2 NAME

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 arrival 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 chapter 607 and attachment with an address.

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6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

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Change

Addition