

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000067467 (7)**  
 1. Corporation Name  
**HAMMERHEADS SEA GRILLE, INC.**



Principal Place of Business <b>4135 BURNS RD.                  PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>4135 BURNS RD.                  PALM BEACH GARDENS FL 33410</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 24 Zip      25 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip      29 Country	<b>3. Date Incorporated or Qualified</b> <b>08/30/1995</b> <b>4. FEI Number</b> <b>65-0606835</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <b>FORBES, PHILIP H ESQ.                  11382 PROSPERITY FARMS RD., STE. 227                  PALM BEACH GARDENS FL 33410</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City      85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	D	DELETED <input type="checkbox"/>	
NAME	<b>LAVALLEE, DEAN E</b>		
STREET ADDRESS	<b>329 KELSEY PARK CIR.</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>		
TITLE	D	DELETED <input type="checkbox"/>	
NAME	<b>WORCESTER, III, HENRY E</b>		
STREET ADDRESS	<b>130 EDWARDS LN.</b>		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33404</b>		
TITLE		DELETED <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DELETED <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DELETED <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: \_\_\_\_\_ **4/8/98 (561) 694-2091**

CR2E034 (10/97)