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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V34494

(7)

THE COCONUT BAR, INC.

FILED May 14 1997 8:00am Secretary of State

T HADRI ANTON ONTO ANDRE GRAFA RANCH ARDI ANDRE DE ANTON BRANC DE ANTON DE CAR

							INI KANTAN	CALCACT MENTEL METELLE I	
Fir	incipal Place of Business	Mailing Address			I HADU ANNONA SALKA KIRIT ANNON DINII DUBI I	i(Bri Afdii Afdi	E BERKE BIBLE BIBLE E		
	90 SALERNO RD SALERNO FL 34992	P.O. BOX 235 PT. SALERNO FL	P.O. BOX 235 PT. SALERNO FL 34992-0235						
U	•					3. Date Incorporated or Qualified 05/07/1992		of Last Rep	
2.	Principal Place of Business	2a. Mailing Addre	988			4. FEI Number		Appl'	
21		26				65-0336240		Not A	
22	Suite, Apt. #, etc.	Suite, Apl. #,	etc.		10 -10 -10	6. Certificate of Status Desired		\$8.75 Ad." Fee Re.,	
23	Cily & State	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 ME Added to F	
24	Zip Country 25	Zip 29	30	intry		8. This corporation has liability for in Florida Statutes	ntangible ta Yes 🏻		
	Name and Address of Current Registered Agent					10. Name and Address of New Reg	latered Ag	ent	
	HENRICKS, LORRAINE M.			81	Name				
	4090 SALERNO RD PT SALERNO FL 34 9 92		,			Street Address (P.O. Box Number is Not Acceptable)			
	i i winneritiw i bi wilewa	83					,		
				84	City		FL	85 Zip Col	

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 reg 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 regist agent. I am farminar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	Signal set typicalor purited name of registered agent and title if applicable	le (NOTE: Re		required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
THILE	D	☐ DELETE	1.1 TiTLE	☐ Change	Addition
NAME	HENDRICKS, LORRAINE M.		1.2 NAME		
SIRELL ADDRESS	4090 SALERNO RD		1.3 STREET ADDRESS		
CHTA - ST - STP	PT SALERNO FL		14 CITY - ST - ZIP		
THE		☐ DELETE	2.1 TOTLE	☐ Change	Addition
NAME			2.2 NAME	And the second	
STREET ADDITIESS			2.3 STREET ADDRESS		
City-St ZIP			2 4 CITY-ST-ZIP		
Title		DELETE	3 1 TITLE	☐ Change	Addition
NAME			3.2 NAME		
SIMEET ADORESS			3.3 STREET ADDRESS		
CHY-S1 ZP			3.4. CITY-ST-ZiP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST ZIF			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		i
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-SI-ZC			5.4 CITY - ST - ZIP		
THE		DELETE	61 TITLE	☐ Change	☐ Addition
NAM:			6.2 NAME		
STREET ADDRESS.			6.3 STREET ADDRESS		
CITY-ST 7:0			6.4 CITY-ST-ZIP	teted in Section 119 07/3Vi) Florida Statutes further certify that	***************************************

Too messay certify that the minimation supplied with this inting does not quality for the exemption stated in Section 119.07(3)(j), 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 frustee 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

4-26-97 561-746-0817

0475226