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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 366761

REDLAND-LUCY STREET BAR, INC.

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90026 020 \*\*\*150.00



Principal Place of Business Mailing Address						181	#1841 81814 1881	
1395 SW 8 ST					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
2 Dringing C	Place of Pusiness	2n Mailing Address		· · · · · · · · · · · · · · · · · · ·	07/10/1970 4. FEI Number			4
2. Principal Place of Business 2a. Mailing Address 21				59-1305643		pplied For ot Applicable	15	
Suite, Apt.	# etc.	Suite, Apt. #, etc.			39-1303043		Additional	18
22		27			5. Certifcate of Status Desired		equired	
City & Sta	te	City & State	· ·		6. Election Campaign Financing	- \$5.00	May Be	1
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current	year Intangible		7
24	25		30		Personal Property Tax.	⊠Yes	□No	╛
	9. Name and Address of Currer	nt Registered Agent		84 N	10. Name and Address of New Regi	stered Agent		4
SUL	LIVAN,ROBERT C.			81 Name				
25 N.E. 12TH ST.				82 Street Add	ress (P.O. Box Number is Not Acceptable	)	•	1
	MESTEAD FL 33030-4617			83	THE LAND FAIR THE REAL PROPERTY.	ian koga ket e boket kisti. Sti biski Erki, kistin kinda	411 / 31 414 15 41 610 / 31 41 16 41	-
				63	· [6] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1			
				84 City	en war in the market in spile with the	FL 85 Zip	Code	1
11 Pureignt	to the provisions of Sections 607 050	12 and 607 1508 Florida Statutes	the al	ove-named corn	poration submits this statement for the pur		ragistared	ł
office or i	registered agent, or both, in the State	of Florida. Such change was aut	horized	by the corporation	on's board of directors. I hereby accept the	e appointment as re	gistered	1
	am ramiliar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statt	tes.				
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: R	Registered	Agent signature require	od when reinstating);	DATE		بر ا
40	OFFICERS AN						200 01 40	⊣ 9
12.	OI LIGHTO ME	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	JRS IN 12	1.9
TITLE	PD	ND DIRECTORS	13. 1.1 TIT	Æ		ERS AND DIRECTO	Addition	11/0
	····· · · · · · · · · · · · · · · · ·		-		ADDITIONS/CHANGES TO OFFICE			24 /41/0
TITLE	PD SULLIVAN,ROBERT C		1.1 TIT 1.2 NA					E024 (44 to
TITLE NAME	PD SULLIVAN,ROBERT C 25 N.E. 12TH ST. HOMESTEAD FL		1.1 TIT 1.2 NA 1.3 STI	AE				D2E034 /41/0
TITLE NAME STREET ADDRESS	PD SULLIVAN,ROBERT C 25 N.E. 12TH ST.		1.1 TIT 1.2 NA 1.3 STI	AE REET ADDRESS Y-ST-ZIP				CD2E034 (41/0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN,ROBERT C 25 N.E. 12TH ST. HOMESTEAD FL STD SULLIVAN,BARBARA H.	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	AE REET ADDRESS V-ST-ZIP		☐ Change	Addition	CD2E034 (416
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SULLIVAN,ROBERT C 25 N.E. 12TH ST. HOMESTEAD FL STD SULLIVAN,BARBARA H. 25 N.E. 12TH ST.	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	AE REET ADDRESS V-ST-ZIP		☐ Change	Addition	CD2E034 (41/0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, ROBERT C 25 N.E. 12TH ST. HOMESTEAD FL STD SULLIVAN, BARBARA H. 25 N.E. 12TH ST. HOMESTEAD FL	☐ DELETE ☐ DELETE ☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 3.4 CIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.2 STI 5.3 STI 5.4 CIT	ME MEET ADDRESS (-ST-ZIP  E ME ME MEET ADDRESS Y-ST-ZIP  E ME MEET ADDRESS Y-ST-ZIP  E ME		☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition	CD2E034/11/16
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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, with all other like empowered.

CLUVAN BARBARAH SULLIVAN 1/21/99