	NOW: FILING FEE	AFTER MAY 1ST	S \$550.00	<b>•</b>	ILED	
COF	PROFIT PORATION JAL REPORT	Sandra I	RTMENT OF STATE <b>5. Mortham</b> ary of State	Jan 28 1		
1998		DIVISION OF CORPORATIONS		Secretary of State		
DOCUI 1. Corporation	MENT # 42509	94 (0)				
ANCHO	R INN SEA FOOD RESTA	AURANT, INC.		I JAARTE BIAIR ISARE BITTI BRITR IAITE	hann annshi millin dianan dalama dal	011 0103) (03)
Principal Place	a of Business	Mailing Address	<u></u>			
2412 FLORAL ROAD LANTANA FL 33462		2412 FLORAL ROAD LANTANA FL 33462		DO NOT WRITE IN THIS SPACE		
				<ol> <li>Date Incorporated or Qualified 05/04/1973</li> </ol>	I	
<b>_</b> ·	ace of Business	2a, Mailing Address	<u> </u>	4, FEI Number	<b></b>	Applied For
1 Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		59-1758466 5. Certificate of Status Desired	\$8.75	lot Applicat Additional
2 City & State	<b></b>	City & State		6. Election Campaign Financing	\$5.00	May Be
3   Zip 4	Country 25	28 Zip 29	Country 30	Trust Fund Contribution     B. This corporation owes or has p     Personal Property Tax due Jur	paid the current year Ir	to Fees ntangible
	9. Name and Address of Curr		81 Name	10. Name and Address of New F		
ATHERLEY, LYLE 6819 PAUL MAR DRIVE				dress (P.O. Box Number is Not Accepte	able)	
	ITANA FL 33462		83			
	: ·				las 1 2 in	Code
			84 City.	· · · · ·	FL	Code
	the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607, 1508, Florida Statu ato of Florida. Such change was ligations of, Section 607,0505, Fl	84 City.	poration submits this statement for the ation's board of directors. I hereby acc	FL	
SIGNATURE	Signature, typed or printed name of registered	agent and life if applicable. (NO	84 City les, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature requ	ured when reinstating)	PL	its registered s registered
SIGNATURE	Signature, typed or printed name of registered OFFICERS A		84 City. les, the above-named cor authorized by the corpora orida Statutes.		PL	Its registered s registered PRS IN 12
SIGNATURE	Signature, typed or printed name of registered . OFFICERS A	agent and tille if applicable. (NOT AND DIRECTORS	B4 City     City     Authorized by the corpora     orida Statutes.     E: Registered Agent signature requ     13.	ured when reinstating)	PL purpose of changing epi the appointment at DATE ICERS AND DIRECTO	Its registered s registered
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