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 # F34130

(7)

BUNKY'S HAW BAR, INC.

SIGNATURE:

Principal Place of Business	Mailing Address

FILED

May 08 1997 8:00am

Secretary of State

1390 HWY A1A SATELLITE BEACH FL 32937 SATELLITE BEACH FL			90 HWY A1A ATELLITE BEACH FL 32	937-2483						
							3. Date Incorporated or Qualified 05/08/1981		ate of t ast Report 07/1996	
2. Principal Place of Business 2a. Ma			. Mailing Address	ailing Address		4. FEI Number		Applied For		
26							59-2103786 Not Ap			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stat		27	City & State			-				
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution	\Box	\$5.00 May Be Added to Fees		
Zip	Country		I Zip	1 60	intro	···				
ភា	25	29]	}-~ı			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XYes \(\begin{align*} \text{XYes} \\ \ext{D} \ext{No} \end{align*}			
25 29 30 9. Name and Address of Current Registered Agent				1301	ı—		10. Name and Address of New Re			
	, SALLYANNE				81	Name .				
1390 HIGHWAY A1A SATELLITE BEACH FL 32937				82	Street Addre	ess (P.O. Box Number is Not Acceptab	lo)			
•					83		······································			
					84	City		FL	85 Zip Code	
office or a	to the provisions of Sections 607.05 egistored agent, or both, in the Stat m familiar with, and accept the oblig	o of Flot	rida. Such change was	: authorize	d by	y the corporati	oration submits this statement for the poor's board of directors. Thereby accept	urpose o	of changing its registered pointment as registered	
SIGNATURE	Signature, typed or printed name of registered as	jont and lit	in if applicable (NC	OIL Hegistyro	d Apo	ont signature require	d whos roinstating)	DATE		
		18.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTORS IN 12			
TALE	PVSD		DELETE	111	11101.6				Change Addition	
NAME COS, SALLYANNE 1.2		1,2 N	AME							
STREET ADDRESS 455 SPOON BILL LANE			1.3 \$	1.3 STREET ADDRESS						
MEI ROLIDNE BEACH EI										

mre l	rado	La Diricit	1 + 1011.0		E Change	L_J Addition		
NAME	COS, SALLYANNE		1,2 NAME					
STREET ADDRESS	455 SPOON BILL LANE		1.3 STREET ADDRESS			}		
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-ST-ZIP					
TITLE	TD	DETEJE	2.1 1016		☐ Change	Addition		
NAME	BARRETT, DONALD		2.2 NAME					
STREET ADDRESS	455 SPOON BILL LANE		23 STREET ADDRESS	,				
CITY-ST-ZIP	MELBOURNE BEACH FL		2. 4 C(Ty - S1 - Z(P	^		ì		
TITLE		DELFTE	3.1 TITLE	_	☐ Change	Addition		
NAME			3.2 NAME			l		
STREET ADDRESS			3.3 STREET ADDRESS			ĺ		
CITY-\$T-ZIP			3.4. CITY-S1-ZIP					
TITLE		DELETE	4.1 INLE		☐ Change	Addition		
NAME			4. 2:NAME			-		
STREET ADDRESS			4.3 \$TREE! ADDRESS			l		
CHTY-ST-ZIP		·	4.4 CITY- ST- ZIP					
TITLE		Derese	5.1 TITLE		Change	Addition		
NAME (5.2 NAME			ļ		
STREET ADDRESS			5.3 STREET ADDRESS	'		l		
CITY-ST-ZIP			5.4 CI1Y+ST-7IP					
TITLE		☐ DETEJE	6.1 TITLE		☐ Change	Addition		
NAME			G.2 NAME			(
STREET ADDRESS	6 · 1		63 STREET ADDRESS			(
CITY-ST-ZIP			6.4 C(1Y - S1 - Z(P					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is trouble accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted early swered 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 order of the corporation.								