PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G46079 1. Corporation Name

CASINO DAIRY AND JUICE BAR, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90048 001 ***150.00



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Principal Place	MCGLYNN PINES DRIVE B33 LANTANA PINES DRIVE LANTANA FL 33462 3. DO 0 ace of Business 2a. Mailing Address 25 3. Do 0 Country 26 Country 27 City & State Country 29 30 P. 29 30 Name and Address of Current Registered Agent LYNN, PATRICIA D. LANTANA PINES DRIVE FANA FL 33462 10. Name PATRICIA 81 Name PATRICIA 82 Street Address (P.O. A. S. C.C. 83 City Loca 84 City Loca 85 City Loca 86 City Loca 87 Country A. S. C.C. B1 Name PATRICIA 88 Name PATRICIA 89 Name PATRICIA 81 Name PATRICIA 82 Street Address (P.O. A. S. C.C. 83 City Loca 84 City Loca 85 PRICER'S AND DIRECTORS 13. AD DRICER'S AND DIRECTORS 13. AD DRICER'S AND DIRECTORS 14. CITY-ST-2P LANTANNA, FL 00000 DELETE 21 TITLE 12 NAME 1.3 STREET ADDRESS 4. S. C.C. CASANA CASA				1 1561111 0011		· - -			
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						Date Incorporated or Qualife 06/23/1983	ed .		I	
- O-1: 1: -1 D1	- Ducinos	2. Mailing Address				4. FEI Number		App	lied For	
2. Principal Place of Business					59-2307738		<u>``</u>	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required Fee Required				
City & State	,	City & State				6. Election Compalgn Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23						1740.1 414 007				
Zip	<u> </u>	├	¬ ~ (m) ′			8. This corporation owes the current year Intangible Personal Property Tax.				
24			30							
}	9. Name and Address of Current	t Registered Agent		81 Na	те До-		(0)			
MCG	9. Name and Address of Current Registered Agent MCGLYNN, PATRICIA D. 81 Name PATE CLAND 82 Street Address (P.O. Box Number is Not Acceptable) A · S · Co									
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11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Stat	utes, the a	bove-nan	ned corpor	ation submits this statement for the	he purpose of cl	es se tnem	registered ristered	
office or re	egistered agent, for both, in the Statest or familiar with, and accept the obligat	of Florida, Such change was tions of, Section 607.0505, F	autnonzed Iorida Stat	utes.	zorporation	S DOZIU GI GIRACOIS, I HOISOY 20			,	
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SIGNATURE	Spheros-typed by printed rathe of registered agen		TE Registered	1 Agent sign	rture required v	when ministring)	DATE		70 114 40	
12.	OFFICERS AN	D DIRECTORS					OFFICERS AND	DIRECTO	RS IN 32	
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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 reserver 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 latidrass, with all other like empowered.

SIGNATURE: