

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90062 032 ***150.00

DOCUMENT # G57312

1. Corporation Name

BUCCANEER RESTAURANT & LOUNGE, INC.



Principal Place of Business

142 LAKE DR.
PALM BCH. SHORES FL 33404-4715

Mailing Address

142 LAKE DR.
PALM BCH. SHORES FL 33404-4715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1983

4. FEI Number

59-2323162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

MURRAY, EDWARD
1025 SUGAR SANDS BOULEVARD
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FITZMAURICE, WILLIAM R.	
STREET ADDRESS	905 COUNTRY CLUB DR.	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOONE, WHEELER B.	
STREET ADDRESS	10 ISLAND RD.	
CITY-ST-ZIP	SEWALLS POINT FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, EDWARD	
STREET ADDRESS	1025 SUGAR SANDS BLVD.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward Murray	
1.3 STREET ADDRESS	1025 Sugar Sands Blvd	
1.4 CITY-ST-ZIP	Riviera Beach, FL	
2.1 TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Fitzmaurice	
2.3 STREET ADDRESS	905 Country Club Dr	
2.4 CITY-ST-ZIP	North Palm Beach, FL	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William Fitzmaurice	
3.3 STREET ADDRESS	905 Country Club Dr	
3.4 CITY-ST-ZIP	North Palm Beach, FL 3	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Edward Murray	
4.3 STREET ADDRESS	1025 Sugar Sands Blvd	
4.4 CITY-ST-ZIP	Riviera Bch, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Edward Murray, Jr. E.H.

Edward Murray

4-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)