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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # L(

L62698

(0)

ST. JOHNS SEAFOOD & OYSTER BAR #4, INC.

FILED
May 06 1998 8:00am
Secretary of State



								II BIIDIN BIBNI BIIDIN BIBNI FABI	
Principal Place of Business Mailing Address									
1403-21 DUNN AVE 2832 ALVARADO AVE. JACKSONVILLE FL 32218 JACKSONVILLE FL 32217 US					DO NOT WRITE IN		DO NOT WRITE IN THIS	SPACE	
03	-						3. Date Incorporated or Qualified 04/05/1990		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For	
21	n1		26				59-3002296	Not Applicable	
_	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	City & State		City & State				6. Election Campaign Financing	\$5.00 May Be	
23	28			Ony a Olaio			Trust Fund Contribution	Added to Fees	
	ip.	Country	Zip	Cou	ıntry		8. This corporation owes or has paid the cu		
24	•	25	29	30				Yes No	
	9. N	ame and Address of Curren	nt Registered Agent				10. Name and Address of New Registered	Agent	
AKEL, DANIEL D.						Name			
ONE INDEPENDENT DR.					82	Street Add	ress (P.O. Box Number is Not Acceptable)		
2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202						Oli Cot / tota	Total (1.0. Box Hamber to Her Hecopitally		
					83				
					B4	City		85 Zip Code	
					Ш	<u> </u>	FL	•	
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: typod or printed name of registered agent and title-it applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	5/gnature.	OFFICERS AN		13.	u Aye	mit signatore requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	DP	OI TIDETICATION	DELETE	1.1 T	ITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
NAME		(AB, LILA	-	1.2 N	AME			-	
		2 ALVARADO AVE				ADDRESS			
	. ,	KSONVILLE FL				IT-ZIP			
TITLE			DELETE	2.1 TI				Change Addition	
NAME	RU	(AB, MAURICE		2.2 N	AME				
STREE	ET ADDRESS 293	2 ALVARADO AVE		2.3 \$	TREET	ADDRESS			
		KSONVILLE FL		2.40	CITY - S	ST-ZIP			
TITLE			☐ DELETE	3.1 T				Change Addition	
NAME	: RUI	(AB, ROBERT		3.2 N	AME				
STREE	-	3 SARAGOSSA AVE		3.3 S	TREET	ADDRESS			
CITY-	ST-ZIP JAC	KSONVILLE FL		3.4. 0	CITY-S	ST-ZIP			
TITLE			DELETE	4.1 T	ITLE			Change Addition	
NAME		(AB, LORI		4. 2 1	MAME	-			
STREE		4 GENNA TRACE		4.3 S	TREET	ADDRESS			
CITY-	ST-ZIP JAC	KSONVILLE FL		4.4 C	(TY-S	IT-ZIP			
TITLE			DELETE	5.1 T	ITLE			Change Addition	
NAME	:			5.2 N	AME				
STREE	ET ADDRESS			5.3 S	TREET	ADORESS			
CITY-	ST-ZIP			5.4 0	ITY-S	IT-ZIP		···	
TITLE			DELETE	6.1 T	ITLE			Change Addition	
NAME	:			6.2 N	AME				
STREE	ET ADORESS			638	TAEET	ADDRESS			
	-ST-ZIP					ST-ZIP			
44	Lhoroby codily th	at the information supplied w	ith this filing does not qualify.	for the ex	emn	tion stated in	n Section 119 07(3)(i). Florida Statutes, Lifurther c	ertify that the information	

. 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 allachment with an address.

GAU 130 (/ 4)