FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-1-95

FLORIDA DEPARTMENT OF STATE

B-5906-C

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **L84440** **(1)**

1. Corporation Name

THE BIKINI CLUB, INC.

Principal Place of Business	Mailing Address
1553 SOUTH LANE AVENUE JACKSONVILLE FL 32210	1553 SOUTH LANE AVENUE JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1990**
3a. Date of Last Report: **03/15/1994**
4. FEI Number: **59-3118212** — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. # etc. (22) — Suite, Apt. # etc. (27)
City & State (23) — City & State (28)
Zip (24) — Country (25) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

BEDRAN, FRED, SR.
5159 PLYMOUTH STREET
JACKSONVILLE FL 32205

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 617.0502, 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 ✗

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEDRAN, SALIM M.
STREET ADDRESS	2316 MISS MUFFET LANE W.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	ST
NAME	BEDRAN, ALEJANDRO
STREET ADDRESS	10259 CRYSTAL SPGS RD
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or is attached with an address.

SIGNATURE: ✗ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408795 FP