

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:34

DOCUMENT # M79406

(8)

1. Corporation Name

BAYSHORE CAFE, INC.

Principal Place of Business

Mailing Address

**C/O JAMES J. POULOS
6851 SW 79TH TERRACE
MIAMI FL 33143**

**C/O JAMES J. POULOS
6851 SW 79TH TERRACE
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0050107

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.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POULOS, JAMES J.
6851 SW 79TH TERRACE
MIAMI FL 33143**

61 Name

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

63

64 City

FL

65

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	POULOS, JAMES J.
STREET ADDRESS	6851 SW 79TH TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	POULOS, NICK J.
STREET ADDRESS	6851 SW 79TH TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	POULOS, STEVE J.
STREET ADDRESS	6851 SW 79TH TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	POULOS, CHRIS J.
STREET ADDRESS	6851 SW 79TH TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	POULOS, LULA T.
STREET ADDRESS	6851 SW 79TH TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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.

SIGNATURE:

James J. Poulos

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICE OR DIRECTOR

James J. Poulos

Date

Signature Number

4/26/95 305 3721032