FII F	NOW: FILING FEE	AFTER MAY 1 IS	\$225.00		
PF	ROFIT PORATION	FLORIDA DEPARTM Sandra B. M	ENT OF STATE		
	AL REPORT	Secretary of			
	996	DIVISION OF COR	RPORATIONS		
	A 40 C	101124			
OCUN I. Corporation !		· • • • • • • • • • • • • • • • • • • •			
	c. d/b/a Wildflower	Waterway Cafe'			
Principa: Place of Business Mailing Address					
551 E. Palmetto Pk. Rd. 3001 E. Oakland Park Blvd.					
Boca Ra		Ft. Lauderdale	, Fl 33306		
	•			3. Date Incorporated or Qualified	3a. Date of Last Report
				01-29-1993 4. FE! Number	Applied For
2. Principal Pla	ice of Business	2a, Mailing Address		65-0383030	Not Applicable
Suite. Apt. #	etc	Suite, Apt # etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27			\$5.00 May Be
City & State		City & State		6. Flection Campaign Financing Trust Fund Contribution	Added to Fees
3}	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
4	25	1	0	Florioa Statutes Yes 10. Name and Address of New R	
	9. Name and Address of Curre	nt Registered Agent	81 Nanie	IO. Maine and Address of the	
Beck, P	oter		82 Street Ad	dress (P.O. Box Number is Not Accepta	dele)
3001 E.	Oakland Park Blvd		62 Street Ad	uless (1.0. Box 113.11box 12.11box 12.1	
	l Park, Fl 33306		83		
	·		84 Cily		FL 85 Z p Code
	007.05	20 LC07 1509 Corido Statutos	toe above-named co	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of changing its registered
11., Pursuant to office or re	o the provisions of Sections 607.056 egistered agent, or both, in the Stati in familiar with, and accept the oblig	of Florida, Such change was au selven of Soction 607,0505, Flor	ithorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby according to the control of the	ept the appointment as registered
.agent lar	in familiar with, and accept the oblig	ISHOUS O . Section 607.0303, Flor			==
SIGNATURE _	Signature, typed or printed name of registered ag		(big stered Agent's unature re-	quired when reinstaling! ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONATION	Change Addition
TIFLE	President	£)	1.2 NAME		
NAME STREET ADDRESS	Beck, Peter	1 2	13 STREET ADDRESS		
CITY - ST - ZIP	3001 E. Oakland Pa		1.4 CITY - ST - ZIP		Criange Addition
TITLE	Ft. Lauderdale, F	E 33300 DELETE	2 1 11111		(
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS			24 CHY SI-ZIP		
CITY - S* - Z.P		DELETE	3 1 100LE		ChangeAddition
NAME			3 ? NAML		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		T pricts	3.4 CiTY ST-ZIP		Change Addition
*111.6		DELFTE	4 1 TITLE 4 2 NAME		
NAME			4.3 STREET ADORESS	1000017	'00001
STREET ADDRESS CITY - ST - ZIP			4.4 CITY-ST-ZIP	1000017 -03/08/960 ***200.00	1010014 _{Change} Addison
TILE		DELETE	5 1 HILE	***200.00	OF CHRIGH CT Acquiren
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TH LE		Change Addition
TiTv€		breeze	COMMIT		

STREET ADDRESS

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 119.07(3)(K). Florida Statutes 1 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 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 further certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 607, Horica Statutes; and that my name appears in Block/12 or Block/13 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS