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

PROFIT CORPORATION ANNUAL REPORT



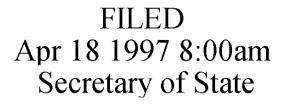
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000023840 (0)

GREG'S BEACH CONCESSIONS, INC.



Principal Place of Business Mailing Address 144 D GOLDEN EYE DRIVE 144 D GOLDEN EYE DRIV DAYTONA BEACH FL 32119 DAYTONA BEACH FL 321 US US								
05					3. Date incorporated or Qualified			leport
1	Place of Business	2a. Mailing Address		·····	4. FEI Number		Ar	pplied For
21 Suite: Au	J #, €€0.	Suite, Apt #, etc.	Suite Apt #. etc.		59-3171458			ot Applicable Additional
22		27			5. Certificate of Status Desired	d \square		equired
City & State		City & State			6. Election Campaign Financia			May Be
23] Ζ _(β)	Country	28 Zip	Cou	ntry	Trust Fund Contribution			to Fees
24	25	29	30	io y	 This corporation has liability Florida Statutes 	y for intangible Yes		. 199.032,
	9. Name and Address of Curi				10. Name and Address of Ne			
NO	ORTHRUP, GREGORY			81 Name				
	144 D GOLDEN EYE DR			82 Street Add	ress (P.O. Box Number is Not Acc	eptable)		
S.	DAYTONA FL 32119		ļ	00	·			
				83				
			•	84 City		FL	85 Zip	Code
11 Pursuar	nt to the provisions of Sections 607.0	502 and 607 1508 Florida Stati	utes the at	vove-named cor	noration submits this statement for		Changing i	1s registered
SIGNATURI	Sign of the 150 and an principle matter of registered OFFICERS A	ND DIRECTORS	13.	Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AND		***************************************
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011Y-\$1-20	S. DAYTONA FL		i i	TY-ST-ZIP				
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NAME CIECET ATTIONS			62 NA	REET ADDRESS				
STEFF CALIDRES Offy: ST: ZIE				IY-ST-ZIP				
garratian 		Last the Alice Class state and an a			d in Section 110 07/2V/) Elevide St	at don I finds a		

r or necesy 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 inclicated 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 Lam 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: