

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000025929 (9)**

1. Corporation Name  
**THE MERMAID TAVERN INC.**



Principal Place of Business:

**450 NW NORTH RIVER DR  
MIAMI FL 33128**

Main Office:

**C/O WILLIAM EKASALA  
980 NW NORTH RIVER DR #129  
MIAMI FL 33136  
US**

2. Principal Place of Business	2a. Main Office
21 Suite, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>04/02/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FE Number <b>64-0471782</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation is liable for intangible tax under s. 190.032 Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**EKASALA, WILLIAM R  
980 NW NORTH RIVER DR.  
#129  
MIAMI FL 33136**

81 Name	85 Zip Code
82 Street Address (P.O. Box Numbers Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0902 and 607.0903 Florida Statutes, this 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 607.0905, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed above this line. See Section 607.0902, Florida Statutes.

Signature typed above this line. See Section 607.0903, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	<b>PDS EKASALA, WILLIAM R 980 NW NORTH RIVER DR #129 MIAMI FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	11 TITLE	12 NAME
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	11 TITLE	12 NAME
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	11 TITLE	12 NAME
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	11 TITLE	12 NAME
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	11 TITLE	12 NAME
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is correct, true and does not qualify for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information included on this annual report or Supplemental Information Report is true and correct 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 registered business and possess the authority to report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an alternate business address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)