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

APPROVED AND FILED

95 MAY -1 PM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000034093 (3)**

1. Corporation Name
8 TILL LATE AT SURFSIDE INC.

Principal Place of Business	Mailing Address
600 NORTH THIRD STREET JACKSONVILLE FL 32225 US	% DAVID A. KING, ATTORNEY 1416 KINGSLEY AVE ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1993
3a. Date of Last Report: 03/25/1994

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)

4. FEI Number: 59-3180848 ☐ 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

9. Name and Address of Current Registered Agent

KING, DAVID A
1416 KINGSLEY AVE
ORANGE PARK FL 32073

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BHIKHA, BHAGIRATH	12 NAME	
STREET ADDRESS	1237 E WILLOW OAKS DR	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BHIKHA, SUNIL	22 NAME	
STREET ADDRESS	1237 E WILLOW OAKS DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PARAG, JAYESH	32 NAME	
STREET ADDRESS	8300 PLAZA GATE LANE S APT 1123	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PATEL, DILIP Z	42 NAME	
STREET ADDRESS	4605 CONFEDERATE OAK DR	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PATEL, KANTI A	52 NAME	
STREET ADDRESS	3000 CORONET LANE APT 128	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 if changed, or on an attachment with an address.

SIGNATURE: Bhagirath Bhikha BHAGIRATH BHIKHA 4-26-95 904 2469577
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0004380 CP