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FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000034093 (3)

1. Corporation Name
8 TILL LATE AT SURFSIDE INC.



Principal Place of Business

Mailing Address

693 NORTH THIRD STREET
JACKSONVILLE FL 32206
US

693 NORTH THIRD ST.
JACKSONVILLE BCH FL 32250-7146
US

3. Date Incorporated or Qualified
05/12/1993

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 32250

25

29

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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

10. Name and Address of New Registered Agent

DAVID KING A
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

81 Name

BHAGIRATH BHIKHA

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

693 N. 3RD ST.

83

84

JACKSONVILLE BCH FL

85

Zip Code
32250

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

Bhagirath Bhikha BHAGIRATH BHIKHA PRES. OF CORP.

1-20-97

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
DPS
BHIKHA, BHAGIRATH
STREET ADDRESS
1237 E WILLOW OAKS DR
CITY-ST-ZIP
JACKSONVILLE BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
DVP
BHIKHA, SUNIL
STREET ADDRESS
1237 E WILLOW OAKS DR
CITY-ST-ZIP
JACKSONVILLE BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
DVP
PARAG, JAYESH
STREET ADDRESS
8300 PLAZA GATE LANE S APT 1123
CITY-ST-ZIP
JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
DT
PATEL, DILIP Z
STREET ADDRESS
4805 CONFEDERATE OAK DR
CITY-ST-ZIP
JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
DVP
PATEL, KANTI A
STREET ADDRESS
3000 CORONET LANE APT 128
CITY-ST-ZIP
JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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

1-20-97

304 2464645

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone

CR2E034 (9/96)