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Apr 13, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P93000034093

1. Corporation Name  
8 TILL LATE AT SURFSIDE INC.

Principal Place of Business  
693 NORTH THIRD STREET  
JACKSONVILLE FL 32250  
US

Mailing Address  
693 NORTH THIRD ST.  
JACKSONVILLE BCH FL 32250  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1993

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 owes the current year Intangible Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BHIKHA, BHAGRATH  
623 N. 3RD ST  
JACKSONVILLE FL 32250

81. Name

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

83. 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

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 OPS ☐ DELETE

NAME BHIKHA, BHAGRATH  
STREET ADDRESS 1237 E WILLOW OAKS DR  
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE DVP ☐ DELETE

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

TITLE DVP ☐ DELETE

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

TITLE DT ☐ DELETE

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

TITLE DVP ☐ DELETE

NAME PATEL, KANTI A  
STREET ADDRESS 13121 QUINCY BAY DR  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/99

904-246-4646

CR2E034 (1/1/98)