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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000060451 ((

LAWTON'S BRITISH PUB, INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



| 1313 NORTH WI PORT ORANGE | | 1313 NORTH WEMBLEY CIRCLE PORT ORANGE FL 32124-3769 | | | | | | | |
|------------------------------|--|--|--------------------|------------------------|---|---------------------------------------|-----------------------------|---|--------------|
| | | | | | 3. Date Incorporate 08/25/1993 | d or Qualified | 3a. Date of Last 05/01/1996 | Report | _ |
| | lace of Business | 2a. Mailing Address | | / | 4. FEI Number | | | Applied For | |
| 21 284.5 Suite, Abt. | S. RIDGEWOOD AVE | | | | 59-3203339 | | | Not Applicable | 4 |
| 22 | remain trains | Suite, Apt. #, etc. | | | 5. Certificate of Stat | us Desired | 1 5 ' | Additional Required | |
| City & State 23 SOUT | H DAYTONA FL. | City & State | | | 6. Election Campaig Trust Fund Contri | • | | O May Be d to Fees | |
| Zip 24 32ハ | | Zip 29 | 30 | itry | This corporation I Florida Statutes | | Yes 🔼 No | s. 199.032, | |
| LIDAA | Name and Address of Current R AN, EDWARD | egistered Agent | | 81 Name | 10, Name and Addre | | | | - |
| | DUNLAWTON AVE | | | | • | EDWAR | | | |
| | ORANGE FL 32119 | | Į | 82 Street Ar 83 131 | ddress (P.O. Box Number Is 3. N. WEME | Not Acceptable | | *************************************** | |
| | | | | | ORT ORANGE | | FL 85 3 | o Code 21 24 | |
| Office of R | to the provisions of Sections 607.0502 a ogistered agent, or both, in the State of m familiar with, and accept the obligatio | Horida. Such change was a | ในไปเดาเสียด | by the corpo | orporation submits this stat tration's board of directors. | ement for the pu I hereby accept | unage of abancing | ile registered | |
| SIGNATURE | Signature, typed or printed name of registered agent a | oldacilequality of the bit of the | (flegisterco | Agent signature re | quired when reinstaling) | | DATE | | |
| 12. | OFFICERS AND D | IRECTORS | 18. | | ADDITIONS/CHAN | GES TO OFFICE | RS AND DIRECTO | DRS IN 12 | ાં છે |
| TITLE | P DIMAN EDWARD | [] DELETE | 1.1 10 | .E | | | ☐ Change | Addition | Ϊğ |
| NAME | LIPMAN, EDWARD | | 1.2 NA | AE | | | | | 2 |
| STREET ADDRESS | 1313 NORTH WEMBLEY CIRCLE | | 1,3 ST | EE1 ADORESS | | | | | ľ |
| CITY-ST-ZIP | PORT ORANGE FL 32124 | | | Y-S1-ZIP | | | | | _]s |
| TITLE | VP | DELETE | 2.1 111 | E | | | ☐ Change | Addition | ٦٢ |
| NAME | LIPMAN, JACQUELINE | | 2.2 NA | NE . | | | | | |
| STREET ADDRESS | 1313 NORTH WEMBLEY CIRCLE | | 2 3 516 | EET ADDRESS | | | | | ł |
| CITY-ST-ZIP | PORT ORANGE FL 32124 | | 2. 4 CI | Y-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE | | ☐ DELFTE | 3.1 TIT | E | | | ☐ Change | Addition | |
| NAME | | | 3.2 NAI | AE | | | | | |
| STREET ADDRESS | | | 3.3 STF | EET AODRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CI | Y-S1-ZIP | | | | | |
| TITLE | | DELETE | 4 1 117 | .F | | | Change | Addition | |
| ,NAME | • | | 4 2 NA | ME | | | | | ١. |
| STREET ADDRESS | | | 4 9 51 | FET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CIT | (+S1+Z)P | | | | | |
| TITLE | | ☐ DELETE | 51111 | F | | | ☐ Change | Addition | 1 |
| NAME STREET ADDRESS | to Walter to the state of the s | | 5.2 NAI 5.3 S16 | AE EET ADDRESS | | | | | |
| CITY-ST-ZIP | • . | | E . | (- \$1 - ZIP | | | | | |
| TITLE | | DELFTE | 6.1 1111 | | | | ☐ Change | Addition | 1 |
| NAME | | | 6.2 NAI | AE | | | | | |
| STREET ADDRESS | | | • | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 1-\$1-7IP | | | | | |
| | y certify that the information supplied w | th this filing does not qualif | | | ted in Section 119 07(3)(i) | Florida Statutes | I further certify the | it 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 any attachment with an address.

SIGNATURE:

EDVINI DURLI TRECOUTUNE LIPH

ulilar (904)767007