FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P93000071883 (1) INDIAN CREEK LOUNGE, INC. Principal Place of Business Mailing Address 17264 SAN CARLOS BLVD 17264 SAN CARLOS BLVD DO NOT WRITE IN THIS SPACE FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931 3. Date Incorporated or Qualified <u> 10/11/1993</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0443875 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELLISON, LARRY D 17274 SAN CARLOS BLVD Street Address (P.O. Box Number is Not Acceptable) 83 FT MYERS BEACH FL 33931 84 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE NAME SLUSARZ, ELIZABETH 1.2 NAME P.O. BOX 6174 N/A 1.3 STREET ADDRESS STREET ADDRESS FT MYERS BEACH FL 33932 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change

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14. Thereby 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.

63 STREET ADORESS

6.4 CITY-ST-ZIP

RIGHATURE: FR. ab. Ch. & Shusana Elizabeth Shusana Pors.

6.1 TITLE

6.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP