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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075164 (2)

SURFSIDE SMOOTHIES, INC.

Principal Place of Business Mailing Address			ess), milet 11818 61	*** *** ***
	ILL en Bo oth RD	1590 MCMULLEN B	OOTH RD					
#K-4 CLEARWATER FL 34618		#K-4 Clearwater FL 3	4610		DO NOT WRITE IN THIS SPACE			
US	En 12 Grois	US			3. Date Incorporated or Qualified			
					10/29/1993			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		IAI I	pplied For
21		26	26		59-3207579		 -	ot Applicable
Suite, Ap	t. #, etc.	Suite Apt. #, etc	;.	-		$\overline{}$		Additional
22		27			5. Certificate of Status Desired			equired
City & St	ate	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has pa	id the cur	rent year Inf	tangible
24	25	29	30		Personat Property Tax due June			No No
	g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	'NEAL, KERRY P			81 Name				
1590 MCMULLEN BOOTH RD #K-4			<u> </u>	82 Street Address (P.O. Box Number is Not Acceptable)				
C	LEARWATER FL 34619							
				83				
			-	B4 City			65 Zip	Code
				City		FL	' pa z ib .	Code
11. Pursuan	t to the provisions of Sections 607.05	502 and 607.1508, Florida S	latutes, the ab	ove-named cor	poration submits this statement for the p	urpose of	changing if	is registered
agent. I	am familiar with, and accept the obli	ice of Florida, Such change i igations of Section 607.050	was autnorized 5, Florida Statu	by the corpora	tition's board of directors. I hereby accep	ot the app	ointment as	registered
SIGNATURE	H/ω / Λ Δ`Λ	1 1 1	12. Oi	real	5-1-98			
CIGITITOTIC	Signature, typish or produce name of regulateres a	igeofanichte diapplicable	(NOTE Registered	Agent signature requ	red when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P	☐ DELETI	11700	.E.			Change	Addition
NAME	O'NEAL, KERRY P		1.2 NA)	AE .				
STREET ADDRESS		₹D #K-4	1.3 STF	FET ADDRESS				
CITY+\$T-ZIP	CLEARWATER FL 34619		1.4 Cit	Y-ST-ZIP				
TITLE		☐ DELETE	2.1 TITE	.E			Change	Addition
NAME			2.2 NA	AE				
STREET ADDRESS	;		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	<u> </u>			Y-ST-ZIP				
TITLE		DELETI	3.1 ไปไ	E T			Change	Addition
NAME			3.2 NAM	AE				
STREET ADDRESS			a.3 \$18	EET ADDRESS				
CITY-ST-ZIP			3.4 CI1	Y-ST-ZIP				
TITLE		DELETE					Change	Addition
NAME			4. 2 NA	ME				
PTDEET ADDRESS	. [42.010	TE 1 4 D D D T D C				

CITY-ST-ZIP
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 frustee 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.

4.4 CITY-ST-ZIP

53 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6 1 1ITLE

62 NAME

DELETE

DELETE

01011471107

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

D. Oan

Variable No. 1

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912 - DAR - DOCE

Change

Change

Addition

Addition

FILED

May 19 1998 8:00am

Secretary of State