

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL 14 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P94000006495 (3)**

1. Corporation Name  
**SURF & SKY CUISINE, INC.**

Principal Place of Business Mailing Address  
~~11780 U.S. HIGHWAY ONE STE. 300  
N. PALM BEACH FL 33478~~ ~~11780 U.S. HIGHWAY ONE STE. 300  
N. PALM BEACH FL 33478~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/11/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0461655</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>405 S. Beach Road</b>	26 <b>405 S. Beach Road</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Hobe Sound, Florida</b>	28 <b>Hobe Sound, Florida</b>
24 <b>33455</b>	25 <b>USA</b>
29 <b>33455</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>FHS CORPORATE SERVICES INC. 11780 U.S. HIGHWAY ONE STE. 300 N. PALM BEACH FL 33478</b>	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D/P/S/T</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>Harry Schwartz</b>	1.2 NAME		
STREET ADDRESS <b>405 S. Beach Road</b>	1.3 STREET ADDRESS		
CITY - ST - ZIP <b>Hobe Sound, Florida - 33455</b>	1.4 CITY - ST - ZIP		
TITLE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY - ST - ZIP	2.4 CITY - ST - ZIP		
TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY - ST - ZIP	3.4 CITY - ST - ZIP		
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY - ST - ZIP	4.4 CITY - ST - ZIP		
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY - ST - ZIP	5.4 CITY - ST - ZIP		
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY - ST - ZIP	6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 the 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: Harry Schwartz **Harry Schwartz, President**  
Date: **6.14.95** Daytime Phone #: **407-744-6878**

CR2E034 (3/95)