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

PROFIT CORPORATION ANNUAL REPORT ✦ **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	**FILED May 13, 1999 8:00 am Secretary of State** 05-13-1999 90021 031 ***150.00

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DOCUMENT # P94000068473

1. Corporation Name

THE BOATHOUSE BAR & GRILL, INC.

Principal Place of Business	Mailing Address
2401 N.E. 15TH STREET POMPANO BEACH FL 33062 US	C/O JAMES O. BIRR, JR., ESQ. 600 N.E. THIRD AVENUE FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	**2a.** Mailing Address 26	**3.** Date Incorporated or Qualifed **09/15/1994**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	**4.** FEI Number **65-0522616** / Applied For / Not Applicable
City & State 23	City & State 28	**5.** Certifcate of Status Desired ☐ / **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	**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

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
BIRR, JAMES O JR. 600 NORTHEAST 3RD AVENUE FORT LAUDERDALE FL 33304	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** 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 _____   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 **PVST** NAME **HUNT, DENNIS** STREET ADDRESS **2401 N.E. 15TH STREET** CITY-ST-ZIP **POMPANO BEACH FL 33062**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1650 NE 26 ST, STE 101 FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   4/29/99   (954) 561-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #