Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90222 012 ***150.00

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

DOCUMENT # P94000093745

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. Corporation	n Name									
BRADEN	ITON BEACH PIER CAFE, IN	NC.					ļ			
	·								1 88	!
										(8/88/ 8 /1/ /88 /
Principal Place of Business Mailing Address										<u>-</u> -
200 BRIDGE STREET 200 BRIDGE STREET										
BRADENTON BEACH FL 34217 BRADENTON BEACH FL 34217							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							01/01/1995			ļ
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		A	pplied For
21		26					65-0546626		N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22	-	27					5. Certificate of Status Desired	_	Fee R	equired
City & Stat	е		City & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	_ L_	Zip	Coun	try		8. This corporation owes the current year			
24	25	29		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registe	red Agent		81	Name	10. Name and Address of New Registe	rea A	gent	
MEIE	ER, GEORGIA C				۱٥	Name	•			
200 BRIDGE STREET					82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
BRADENTON BEACH FL 34217					83					
0,01					03					
				Ţ	84	City		FL	85 Zip	Code
									honging it	s registered
11. Pursuant	to the provisions of Sections 607.050. egistered agent, or both, in the State	2 and 60. of Florida	. 1508, Florida Statut . Such change was a	es, the ab uthorized	ove by i	a-named corp the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppoint	ment as r	egistered
agent. I a	m familiar with, and accept the obligation	tions of, S	Section 607.0505, Flo	rida Statu	tes.	•				J
SIGNATURE	Signature, typed or printed name of registered agen	at and title if	undicable (NOTE	· Panietarad I	laeni	t pionature recuire	ed when reinstating) DAT	F		{
12.	OFFICERS AN			13.	-go	. organization of the control of the	ADDITIONS/CHANGES TO OFFICER		DIRECT	ORS IN 12
TITLE	VPD		☐ DELETE	1.1 TITL	E		***************************************		☐ Change	
NAME	BARTIZAL, FRED J			1.2 NAA	Æ					l
STREET ADDRESS	1370 S. COMMERCIAL			1.3 STF	REET	ADDRESS				J
CITY-ST-ZIP	NEENAH WI			1.4 CIT	Y-\$T	r-ZIP				_}
TITLE	PD ·		☐ DELETE	2.1 TITL	Æ				☐ Change	☐ Addition
NAME	MCKEE, GEORGIA MEIER	•		2.2 NA	ΝE	:				. }
STREET ADDRESS	303 BAY DR NO, UNIT 2			2.3 STF	REET	ADDRESS	**	•		.]
CITY-ST-ZIP	BRADENTON BEACH FL	• •		2. 4 CIT	Y-S	T-ZIP				
TITLE			☐ DELETE	3 1 TITL	Æ				☐ Change	☐ Addition
NAME				3.2 NA	ИE	Ì				}
STREET ADDRESS				3.3 STF	REET	ADDRESS	•			
CITY-ST-ZIP				3,4. CFT	Y-S	T-ZIP	<u></u>		_	
TITLE			☐ DELETE	4,1 ΤΙΤΙ	E				☐ Change	Addition
NAME				4. 2 NA	ME]
STREET ADDRESS				4.3 STF	REET	ADDRESS				1
CITY-ST-ZIP				4.4 CIT	Y-ST	r- ZIP				
TITLE		_	☐ DELETE	5.1 TIT	E				`⊟ Change	Addition:
NAME				5.2 NA	ME					
STREET ADDRESS		•		5.3 STF	REET	ADDRESS				1
CITY-ST-ZIP				5.4 CIT	Y-ST	r-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 carboration 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 or annual report with an address, with an other like empowered.

6,1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GEORGIA MEIER

DELETE

☐ Change

☐ Addition