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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000037311 (4) DOCUMENT #

SHUCKUMS RAWBAR, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1814 HARRISON STREET 1814 HARRISON STREET HOLLYWOOD FL HOLLYWOOD FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0580193 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 26 Zip Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FRAIZER, TIMOTHY L **1814 HARRISON STREET** Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change ☐ Addition FRAIZER, TIMOTHY L NAME 1.2 NAME **1814 HARRISON STREET** STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 21 TITLE TITLE FRAZIER NAME MOTHY 2.2 NAME HARRISON STREET STREET ADDRESS 2.3 STREET ADDRESS Hollywood, FC 33020 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Change ☐ Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this lying 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 suppliemental annual peport is true and coccate 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 director or director of the corporation or the receiver or director of the corporation or the receiver or director of the corporation or the receiver or director of the corporation or director or director or director of the corporation or director or d Block 12 or Block 13 if changed, or on

SIGNATI IRF:

4-13-92

(GSV) 923-939V