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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT #	P96000028221	(5)
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SURFSIDE CAFE, INC.	OLOLL (0)			
Principal Place of Business	Mailing Address		—]	
8340G GULF DR HOLMES BEACH FL 34218	P O BOX 1082 HOLMES BEACH FL 34218	-1082	3. Date Incorporated or Qualified 38	6789
			03/26/1996	
2. Principal Place of Business 21	26. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intang	
24 25	29	30		No No
9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
WALKER ADRON H				
3119 MARATEE AVE W BRADENTON FL 34205		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BIVIDENTUN PL 34200		83		
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of SIGNATURE	and 607,1508, Florida Statut of Florida, Such change was a tions of, Section 607,0505, Fig.	es, the above-named corp authorized by the corporat orida Statulos.	oration submits this statement for the purpoion's board of directors. I hereby accept the	se of changing its registered appointment as registered
Signature, typed or printed name of registered agen		E. Registered Agent signature requir		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
P, 5, T	☐ DELETE	1.1 TITLE		Change Addition
NAME DAVED J. WHO	E/ C	1.2 NAME	5000022	450051
STREET ADDRESS WOULD AVE. C. CITY-ST-ZIP HAMES BEACH FIR	34317	1.3 STREET ADDRESS	-07/23/9	452051 701085001
TITLE VP, ASST. 5 , ASST.		2.1 TITLE	****165。	00 WHEN 163 400
	HITE	2.2 NAME		
STREET ADDRESS 2004 AVE . C.		2.3 STREET ADDRESS		
CHY-ST-ZIP BENDENTON BEACH	FIA. 34217	2. 4 CITY - ST- ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		.
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP		
TITLE	L) OCLETE	4.1 TITLE		Change Addition
NAME CTREET ADDRESS		4. 2 NAME		·
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME 4		5.2 NAME		
STREET ADD		5.3 STREET ADDRESS		
CITY-ST-ZI		5 4 CITY - ST - ZIP		
TITLE P	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME SEA SE		6.2 NAME		
STREET ADDRESS				
		6.3 STREET ADDRESS	EELL 2010	

I do nereby 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 applemental annual report is rue 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 Impowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed or on an attantiment with an address.

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