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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE

Sandra B. Mort

Secretary of Sta DIVISION OF CORPORTIONS May 09 1997 8:00am Secretary of State

FILED

1997

Principal Place of Business

DOCUMENT # P96000070918 (3)

SHUCKUMS RAWBAR ON THE BEACH, INC.

1814 HARRISON STREET 1814 HARRISON STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6817 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1996 N. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 500 N BOARDWALL 26 500 N. BROADW Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be HOLLY WOOD HOLLYWOOD Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, 33019 33019 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Frazier, timothy l Name 1814 HARRISON STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the we-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 authorizing 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 Stes. Signature, typoid or printed name of registered agent and the if applicable ent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 96/6 DELETE TITLE 1.1 Change Addition FRAZIER. TIMOTHY L MAME 1.2 **1814 HARRISON STREET** STREET ADDRESS 1.3 T ADDRESS HOLLYWOOD FL 33020 City-S*-ZIP 1.4 (ST-ZIP DELETE TITLE 2.11 Change Addition NAME 2.21 STREET ADDRESS 2.3 ST ADDRESS Cily-St DELETE THILE Change Addition 321 MAME STREET ADDRESS 3.3 !! ADDRESS C-TY-ST-ZIP 3.4. ST-2IP DELETE THIF 4.1 Change ☐ Addition NAME

> 4.3 IT ADDRESS 4.4 IST-ZIP

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ADDRESS

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DELETE

6.4. I do hereby certify that the information supplied with this filling does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver of truster empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rate and that my signature shall have the same legal effect as if made under oath; that ute this report as required by Chapter 607, Florida Statutes; and that my name

*****165.00**

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SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CHY+SI ZIP

CITY - ST - ZIP TITLE

NAVi

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NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRI

1/29/97 951923939-1

Change

Addition

Addition