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 # P96000086571

1. Corporation Name

BOCA BARTENDING, INC.

Principal Place of Business	Mailing Address
7000 W. PALMETTO PARK ROAD BOCA RATON FL 33433	7000 W. PALMETTO PARK ROAD BOCA RATON FL 33433

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90071 013 ***150.00



7000 W. PALMETTO PARK ROAD 7000 W. PALMETTO PARK ROAD BOCA RATON FL 33433 BOCA RATON FL 33433					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 10/21/1996		
2. Principal Pla	ace of Business	2a	, Mailing Address			4. FEI Number	, L	Applied For
1	•	26				65-0809729		Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country 25	29	Zip Cod	untry		This corporation owes the current year Inta Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Regis	stered Agent	<u>L</u> ,		10. Name and Address of New Registered A	gent	
LAARII	DELL GINON			81	Name			
MANDELL, SIMON 7000 W. PALMETTO PARK ROAD		82	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
BOCA	A RATON FL 33433			83				
	·			84	City	FL	85	Zip Code
11. Pursuant to	o the provisions of Sections 607.08	02 and 6 e of Flori	07.1508, Florida Statutes, the a	bove d by	-named corporatio	pration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	hangir tment	ng its registered as registered

agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE			ired when reinstating)	
		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	DC IN 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	∏ Addition
TITLE	D DELETE	1.1 TTLE		Accitori
NAME	MANDELL, SIMON	1.2 NAME		}
STREET ADDRESS	7000 W. PALMETTO PARK ROAD	1.3 STREET ADDRESS		1
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP		
TITLE	D □ DELETE	2.1 TITLE	☐ Change	Addition
NAME	MANDELL, IAN	2.2 NAME		
STREET ADDRESS	7000 W. PALMETTO PARK ROAD	2.3 STREET ADDRESS		
CfTY-ST-ZfP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	•
TITLE	D DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	MANDELL, BARBARA	3.2 NAME		
STREET ADDRESS	7000 W. PALMETTO PARK ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433	3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		<u> </u>
TITLE	☐ DELETE	5.1 TITLE	. Change	Addition
NAME		5.2 NAME	•	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME	·	6.2 NAME		ļ
STREET ADDRESS	Carried Tar	6.3 STREET ADDRESS		
CITY-ST-ZIP	ACTIVITY NO.	6.4 CITY-ST-ZIP	Service 440 07(2V) Elected Statutes I further continue that the in	

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 informati 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.

EAD TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR