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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000000471 (7)

1. Corporation Name

DAIQUIRI BAR OF BRICKELL, INC.



Principal Place of Business

Mailing Address

4411 CLEVELAND AVE.
FORT MYERS FL 33901

4411 CLEVELAND AVE.
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 200 SW 1ST AVE.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE G-133

27

City & State

City & State

23 FT LANDERDALE FL

28

Zip

Country

Zip

Country

24 33301

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

Applied For

65-0729539

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

GARGANO, ANTHONY J

1620 ROYAL PALM SQUARE BLVD. STE 200
FORT MYERS FL 33919

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2075 W FIRST ST

83

SUITE 203

84

City

FT MYERS

FL

85 Zip Code

33901

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DCEO
STREET ADDRESS LAGESCHULTE, DAVID L
CITY-ST-ZIP 4411 CLEVELAND AVE.
FORT MYERS FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS BRAWNER, TERRY
CITY-ST-ZIP 4411 CLEVELAND AVE.
FORT MYERS FL 33901

TITLE ☐ DELETE

NAME D
STREET ADDRESS LYNCH, PAUL
CITY-ST-ZIP 4411 CLEVELAND AVE.
FORT MYERS FL 33901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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.

SIGNATURE

[Signature]

[Signature]

94-775-6379

CR2E034 (10/97)