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PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

- Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	MEN! # P97000 (h Name LES TAVERN, INC.	039602				
FIOR IAL	LES TAVENN, INC.					
Principal Place	of Business	Mailing Address				
BOESCHE. JEFFREY 13437 GULF BLVO 154-154TH AVE MADEIRA BEACH FL 33708 US 13437 GULF BLVO MADEIRA BEACH FL 33708 US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed OF 100.7		
		1		05/05/1997	1 1 0	11-4 C
	lace of Business	2a. Mailing Address		4. FEI-Number 65-0746517	<u> </u>	Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.		05-0740517	\$8.75 A	
	#, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Red	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Re
23	~	28		Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	1
24	25	29	30	Personal Property Tax.	Yes	₩No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	d Agent	
WOLK, PETER_ -10396 63RD AVE N SEMINOLE FL 33772-			81 Name 82 Street Ad 83	Idress (P.O. Box Number is Not Acceptable)		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above-named co	HOLINZ Black F reporation submits this statement for the purpose	of changing its	ode 708/ registered
office or re	egistered agent, or both, in the State of	of Florida. Such chande was aut	norized by the corpora	ition's board of directors. I hereby accept the app	cointment as reg	istered
office or re	m familial with, and accept the obligation	of Florida. Such change was autions of, Section 607.0505, Florid	nonzed by the corpora da Statutes.	mion's board of directors. Thereby accept the app	9 – 9 9	jistered
office or re agent. I a	m familiar with, and accept the obligation	of Florida. Such change was autions of, Section 607.0505, Floridations of the desired that	norized by the corpora da Statutes.	ition's board of directors. Thereby accept the application is board of directors.	9 - 9 9	JISIEI EU
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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, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

ITED NAME OF SIGNING OFFICER OR DIRECTOR