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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1, Corporation Name P97000048341 (6)

MAE'S REGGAE INN, INC.

1998

Principal Place of Business	Mailing Address
391 S LAKE AVE PAHOKEE FL 33476	P O BOX 346 PAHOKEE FL 33476

## **FILED** May 04 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address					
391 \$ LAKE AVE							
				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
D. Dalaman at E	No A. F. D.	· Primary January		05/30/1997			
<del></del>	Place of Business	2a. Mailing Address		4. FEI Number Applie			
Suite, Apt. #, etc		Suito Ast # ata		X Not Ap			
22		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addi			
City & State		City & State		Fee Requi			
23		28		6. Election Campaign Financing \$5.00 Ma  Trust Fund Contribution Added to F.			
Zip	Country	Z(p)	Country	8. This corporation owes or has paid the current year Intang			
24	25		30	Personal Property Tax due June 30. Yes 🕅 N			
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent			
	l, <b>s</b> arah		81 Name				
	1 S LAKE AVE		82 Street A	ddress (P.O. Box Number is Not Acceptable)			
j PAI	HOKEE FL 33476						
			83				
			84 City	<b>■ 85</b> Zip Cod.	a		
44 D	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			<b> -                                     </b>			
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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE					İ		
12.	Signature, typed or printed name of registered as	Of and life trapple able (NOTE)  ID DIRECTORS	Registered Agent signature of				
TITLE	Ď	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition S		
NAME	HARRELL, FREDDIE L	<del></del>	1.2 NAME		, rodition		
STREET ADDRESS	554 SW 2ND ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	BELLE GLADE FL 33476		1.4 CITY - ST - ZIP				
TITLE	D	DILETE	2.1 TOLE	Change	Addition		
NAME	HILL, SARAH		2.2 NAME	_ •			
STREET ADDRESS	383 ANNONA AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PAHOKEE FL 33476		2 4 CITY-ST-ZIP				
TITLE	0	☐ DELETE	3.1 TITLE	☐ Change ☐	Addition		
NAME	<b>HILL, FELICIA</b>		3.2 NAME *				
STREET ADDRESS	383 ANNONA AVE		3.3 STREET ADDRESS		ľ		
CITY-ST-ZIP	PAHOKEE FL 33476		3.4 C(1Y+S1-ZIP				
TITLE		311110 [_]	4.1 TITLE	Change	Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY+ST-ZIP				
TITLE		☐ DELETE	51 1//(E	Change	Addition		
NAME CTREET ADDRESSE			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		Utlete	5.4 C(TY - S1 - Z(P)	<del>20</del> 0002511622	A skeliti		
NAME		( ) pricic	6.1 TITLE	200002511622 -05/05/9801116037 ***150.00 √/	Addition		
STREET ADDRESS			6.2 NAME	***150.00 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- 1		
CITY-ST-ZIP			6.3 STREET ADDRESS	7 617	ľ		
SILL OL ER			64 CITY - ST - ZIP	• • • • • • • • • • • • • • • • • • • •	1		

14. Thereby 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 suppliemental 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