

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

05-11-2000 90006 039 ***150.00

FILED P97000048341

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 AM 6:55

DOCUMENT # P97000048341

1. Corporation Name

MAE'S REGGAE INN, INC.

Principal Place of Business

391 S LAKE AVE
PAHOKEE FL 33476

Mailing Address

P O BOX 346
PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

HILL, SARAH
391 S LAKE AVE
PAHOKEE FL 33476

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HARRELL, FREDDIE L	554 SW 2ND ST	BELLE GLADE FL 33476	<input checked="" type="checkbox"/>
D	HILL, SARAH	383 ANNONA AVE	PAHOKEE FL 33476	<input checked="" type="checkbox"/>
D	HILL, FELICIA	383 ANNONA AVE	PAHOKEE FL 33476	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
21				<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>
32				<input type="checkbox"/>	<input type="checkbox"/>
33				<input type="checkbox"/>	<input type="checkbox"/>
34				<input type="checkbox"/>	<input type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>
42				<input type="checkbox"/>	<input type="checkbox"/>
43				<input type="checkbox"/>	<input type="checkbox"/>
44				<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>
52				<input type="checkbox"/>	<input type="checkbox"/>
53				<input type="checkbox"/>	<input type="checkbox"/>
54				<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>
62				<input type="checkbox"/>	<input type="checkbox"/>
63				<input type="checkbox"/>	<input type="checkbox"/>
64				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sarah Hill
Sarah Hill

4/24/00

561-924-2859

CR2E034 (11/98)

FAX #678-530-6156

20x2

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <u>Felisia C. Hill</u>	
2 Trade name of business (if different from name on line 1) <u>Maes Ragge Inn Inc.</u>	3 Executor, trustee, "care of" name <u>Felisia C. Hill</u>
4a Mailing address (street address) (room, apt., or suite no.) <u>391 South Lake Ave.</u>	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <u>Pahokee FL 33476</u>	5b City, state, and ZIP code
6 County and state where principal business is located <u>Palm Beach County Florida</u>	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <u>Felisia Hill</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ► <u>Corporation</u>	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <u>FLA.</u>	Foreign country
---	----------------------	-----------------

9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► <u>Sale Beer & Wine</u>	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) <u>4/97</u>	11 Closing month of accounting year (see instructions) <u>4/97</u>
---	---

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	<u>6/97</u>
---	-------------

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural <u>1</u>	Agricultural	Household
---	-----------------------------	--------------	-----------

14 Principal activity (see instructions) ► <u>Sales</u>

15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) <u>561 924-2859</u>
Fax telephone number (include area code) <u>c/o 561 924-6355</u>

Name and title (Please type or print clearly.) ► Felisia Hill Owner

Signature Felisia Hill Date ► 6/7/00

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------