## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000053412

CROWS NEST TAVERN, INC.

## **FILED** Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90015 011 \*\*\*150.00

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Principal Place of Business Mailing Address					
		1224 S DIXIE HWY HOLLTWOOD FL 93020			
		DECLINOOD IL 30020		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/16/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 2 12 W	<u>ashinglon</u> d	65-0760171	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-07911	5. Certificate of Status Desired	\$8.75 Additional
22		27 14011 VW	000 11 14		Fee Required
City & State		City & State	3302 F	6. Election Campaign Financing	\$5.00 May Be
23		28	22000	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	30 TOWAT	<ol> <li>This corporation owes the current ye Intangible Personal Property.</li> </ol>	ar Yes No
24	9. Name and Address of Curre	29 Agent	30DIOM#1-1	10. Name and Address of New Regist	
	9. Name and Address of Curre	III Kadisterad Adain	81 Name	10. Name and Address of New Negist	ereo Agent
KEYE	ES, GARY				
	S DIXIE HWY		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	LYWOOD FL 33020	•	83		
			84 City		FL 85 Zip Code
44					
11. Pursuant office or	t to the provisions of sections 607.050 registered agent, or both, in the State	12 and 607.1508, Florida Stati e of Florida. Such change wa:	stes, the above-named corpor s authorized by the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the	appointment as registered
agent. I a	am familiar with, and accept the oblig	ations of, section 607.0505, I	Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	Alex 16 N. Al	ADOTE OF THE PARTY	÷ 1 + +	ATE
12.		ND DIRECTORS	(NOTE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICER	
TITLE	DPT	DELETE_		ADDITIONAL OF THE OF THE OF THE OF	Change - Addition -
NAME	KEYES, GARY		1.2 NAME	and the second of the second o	~ ~ -: -: -: -: -: -: -: -: -: -: -: -: -:
STREET ADDRESS	1224 S DIXIE HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP		
TITLE	DV	DELETE	2.1 TITLE		Change Addition
NAME	KEYES, ALLEN R		2.2 NAME		Change C Accident
STREET ADDRESS	1224 S DIXIE HWY		2.3 STREET ADDRESS		
	HOLLYWOOD FL 33020				
CITY-ST-ZIP TITLE	DS DS	DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME	CONTI, SANDRA	☐ pereie	3.2 NAME		Citalige Addition
	1224 S DIXIE HWY		3.3 STREET ADDRESS		
STREET ADDRESS	HOLLYWOOD FL 33020		T )		
CITY-ST-ZIP TITLE	HOLLI WOOD I L 33020		3.4 CITY-ST-ZIP		Change Addition
NAME		L_ DELETE	4.2 NAME		Change Addition
	<u> </u>		4.3 STREET ADDRESS		•
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		[] belete	5.1 TITLE		Change Addition
NAME	l	DELETE	5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition_
NAME		[] DELETE	6.2 NAME		Change Addition_
	1		6.3 STREET ADDRESS		
STREET ADORESS					
CITY-ST-ZIP	ertify that the information cumulied with	h this filing does not qualify fo	r the exemption stated in sect	tion 119.07(3)(i), Florida Statutes. I further o	ertify that the information
indicated of an officer	on this annual report or supplemental	l annual report is true and accepter or trustee empowered	curate and that my signature	shall have the same legal effect as if made nuired by Chapter 607, Florida Statutes; and	under oath; that I am

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