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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062396 (1)

BAHAMIAN CONCH SHACK INC.

FILED Feb 17 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address) (maijaan tja täisi jaant aanti nasti aasti aanti	i Britis 14880 Titlê Hêlsê êrki 18êt
4601 EVANS LANE	4601 EVANS LANE			
WEST PALM BEACH FL 33415	WEST PALM BEACH F	L 33415	DO NOT WRITE IN TH	HIS SPACE
			3. Date Incorporated or Qualified	
			07/18/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0767780	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zipi	Country	8. This corporation owes or has paid the	······································
24 25	29	30	Personal Property Tax due June 30.	Yes No
g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
CORPORATE CREATIONS ENTERI	Prises, inc.	81 Name		
4521 PGA BLVD #211	_	82 Street Add	fress (P.O. Box Number is Not Acceptable)	
PALM BEACH GARDENS FL 33418	8	B3		
		63		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 05	02 and 607.1508. Florida Stal	tutes the above-named cor		
 Pursuant to the provisions of Sections 607 08 office or registered agent, or both, in the State agent. Lain familiar with, and accept the oblig 	e of Horida, Such change wa	s authorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE .	parons or, section box 3505,	i iorida Statutes.		ı
Signature Typed or proded native of respective Lin	joritand to extapp Louble (N	OTF. Registered Agent signature requ	ired when reinstating) DAT	E
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TIFLE D	☐ DFLETE	1.1 TITLE		Change Addition
NAME SMITH, LINDA		1.2 NAME		
STREET ADDRESS 4601 EVANS LANE	46	1.3 STREET ADDRESS		
CITY-ST-ZIP WEST PALM BEACH FL 334	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	☐ bereat	2.1 TITLE		Change Addition
STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CHTY-ST-ZHP		
TITLE	DELFTE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP	THE RELEASE	4.4 City-St-ZiP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME CONTRACTOR		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DEL E TE	5.4 CITY - ST - ZIP		Change Addition
NAME	C) Office	6.1 TITLE 6.2 NAME		CT ANGINON
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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:

ado Sou to Lindo Smith

Fb. 9, 1998

561-687-8788

XZE034 (10/97)