

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90040 033 \*\*\*150.00

DOCUMENT # P97000074032

1. Corporation Name

5:30 OCEAN DRIVE CAFE, INC.

Principal Place of Business

530 OCEAN DRIVE  
MIAMI BEACH FL 33139

Mailing Address

2857 EXECUTIVE DRIVE  
STE. 110  
CLEARWATER FL 33762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

65-0778693

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

23

Zip

Country

29

Zip

Country

24

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEDGES, BURKE  
2857 EXECUTIVE DRIVE  
STE. 110  
CLEARWATER FL 33762

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME DJURICKOVIC, DRAGOSLAV

STREET ADDRESS 530 OCEAN DRIVE, NO. 101

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE P ☒ DELETE

NAME HEDGES, BURKE

STREET ADDRESS 2857 EXECUTIVE DRIVE, STE. 110

CITY-ST-ZIP CLEARWATER FL 33762

TITLE S ☐ DELETE

NAME MCCANNA, RICHARD

STREET ADDRESS P.O. BOX 1990

CITY-ST-ZIP HOMASASSA SPRINGS FL 34447

TITLE T ☐ DELETE

NAME MCCANNA, RICHARD

STREET ADDRESS P.O. BOX 1990

CITY-ST-ZIP HOMASASSA SPRINGS FL 34447

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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

1/26/99

813-573-7755

CR2E034 (11/98)