DOCUMENT # P97000098084         LIGHTHOUSE DELI & GRILL INC.         Antiget Place of Bosines         21 NK 97H APROE         22 Distance         23 Distance         24 Distance         25 Distance         26 Distance         27 Distance         28 Distance         29 Distance         20 Distance	PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	Katherir Secretary DIVISION OF C	TMENT OF STATE te <b>Harris</b> t of State ORPORATIONS	May 04, 1 Secretar	LED 999 8:00 y of Stat 203 018 ***150.0	
Mailing Address         Mailing Address           JN. St H. AVENE MPMO BEACH FL 3004         JJJ IN, St H. AVENE POIPARD BEACH FL 3004         JJJ IN, St H. AVENE SJJ, N. St H. AVENE MPMO BEACH FL 3004         DO NOT WRITE IN THIS SPACE           Principal Place of Businets         Za, Maling Address         4. FE Number         Do Not Write IN THIS SPACE           Sule, Apt. F, etc.         Za, Maling Address         4. FE Number         Accident Cr. 11/10/1997           City A State         Zity Asset         City A State         5. Corticote of Stutus Denoted Confidence           Zip         Country         Zip         Country         8. Corticote of Stutus Denoted Confidence           Zip         Country         Zip         Country         8. Corticote of Stutus Denoted Confidence           Zip         Country         Zip         Country         8. This coporation ones the corrent year Intangible           Period Address of Country         Zip         Country         8. This coporation ones the corrent year Intangible           Side Address of Country         Rame and Address of Country         8. This coporation one conservation of Acceptable           Side Address of Country         Rame and Address of Country         8. Some Address of Molecoters           Side Address of Country         Raginsterid Agent         10           Address of Country         Raginstered Ag	Corporation Name	098084			RANN BRAND TOTOL KONT OPPOLA	
POUPAND BEACH FL 3004  Do NOT WRITE IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN THIS SPACE  Suite, Apl. B, etc.  Do Not Write IN This SPACE  Suite, Apl. B, etc.  Do Not Write IN This SPACE  Suite Apl. B, etc.  Do Not Write IN This SPACE  Suite Address of Current Registered Agent  AMERILAMYER  SA ALMERIA AVENUE  CORAL GABLES FL 33134   AMERILAMYER  Suite Address of Current Registered Agent  AMERILAMYER  Suite Address of OF SUID REGORE SUID.  POTECES AND DIRECTORS  Address of Do Process Suite Address  Correctes AND OFECCORS  Address of Do Process Suite Address  Correctes AND DIRECTORS  Address  Correctes AND DIRECTORS  Address  Correctes AND DIRECTORS  Address  Address	incipal Place of Business	Mailing Address				
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Principal Place of Busines     2a.     Mailing Address     4.     FEI Number     Applied For       Suite, Apt. #, etc.     20     Suite, Apt. #, etc.     27     Suite, Apt. #, etc.     S. C. Ortificate of Status Desired     Fee Required       City & State     City & State     City & State     City & State     Election Campaign Financing     \$5.00 May Be       Zip     Zip     Country     8.     Fee Required     Addred to Fees       2ip     Solue, Apt. #, etc.     29     Solue     Addred to Fees       2ip     Country     8.     This Corporation owes the current year Intangible     Addred to Fees       9.     Name and Address of Current Registered Agent     10.     Name and Address of New Registered Agent     Address (F.O. Box Number is Not Acceptable)       343 ALMERA AVENUE     81     Name     Street Address (F.O. Box Number is Not Acceptable)     Street Address (F.O. Box Number is Not Acceptable)       20     OFFICERS AND DIFECTORS     13.     ADDREST Corporation submits this statement for the purpose of Analysis is registered Agent       40     City of Section 907.0502 and 607.1508. Florida Statutes, the account of Max Registered Agent     Image Address (F.O. Box Number is Not Acceptable)       20     OFFICERS AND DIFECTORS     13.     ADDIFID/NSICHANGES TO OFFICERS AND DIFECTORS IN 12.       21     OFFICERS AND DIFECTORS MAX     101E Repren						
Suite, Apt. 9, etc. 27 Suite, Apt. 9, etc. 27 City 4 State  City 4 City 4 State  City 4 City	Principal Place of Business			4. FEI Number		
City & State       City & State       6. Election Compaign Financing       \$5.00 May Be         Zip       Country       28       Country       8. This corporation over the current year intrangible         Personal Property Tax.       Image: State Country       10. Name and Address of Current Registered Agent       11. Name and Address of Current Registered Agent         AMERIAWYER       343 ALMERIA AVENUE       81       Name       10. Name and Address of Sections 607 (502 And 607 1609; Florida Statules, the above named corporation submits this statement for the purpose of charging its angletered agent         CIT       Pursuant to the provisions of Sections 607 (502 And 607 1609; Florida Statules, the above named corporation submits this statement for the purpose of charging its angletered agent.         CIT       Pursuant to the provisions of Sections 607 (502 And 607 1609; Florida Statules, the above named corporation submits this statement for the purpose of charging its angletered agent.         CIT       Pursuant to the provisions of Section 607 (505; Florida Statules, the above named corporation statement for the purpose of charging its angletered agent.         CIT       PU       OFFICERS AND DIRECTORS       113         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       131       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         PD       OFFICERS AND DIRECTORS IN 12       131       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Vstraw       OFFICERS AND DIRECTORS <td>Suite, Apt. #, etc.</td> <td></td> <td></td> <td></td> <td>58.75 A</td> <td>dditional</td>	Suite, Apt. #, etc.				58.75 A	dditional
Zip     Country     Zip     Country     Zip     Country     R. This compation owes the current year intrargible       9. Name and Address of Current Registered Agent     In Name     Name and Address of New Registered Agent     Name       AMERILAWYER     343 ALMERIA AVENUE     In Name     Name     Name       GORAL GABLES FL 33134     In Street Address (P.O. Box Number is Not Acceptable)     In Street Address (P.O. Box Number is Not Acceptable)       1     Pursuant to the provisions of Sections 807.0502 and 607 1508, Florids Statutes, the above named corporation submits this statement for the pupose of changing its registered agent. In Mamilian with, and accept the oblightons of Section 207.0505, Florids Statutes, the above named corporation submits the statement for the pupose of changing its registered agent. In Mamilian with, and accept the oblightons of Section 207.0505, Florids Statutes, the above harmed corporation submits the statement for the pupose of changing its registered agent. In Mamilian with, and accept the oblightons of Section 207.0505, Florids Statutes, the above harmed corporation submits the statement for the pupose of changing its registered agent. In Mamilian with, and accept the oblightons of Section 207.0505, Florids Statutes, the above harmed corporation submits the statement for the pupose of changing its registered agent. In Mamilian with, and accept the oblightons of Section 207.0505, Florids Statutes, the above harmed corporation submits the statement for the pupose of changing its registered agent. In Mamilian with, and accept the oblightons of Section 207.0505, Florids Statutes, the above harmed corporation submits the statement for the pupose of changing its registered agent. In Mamilian with, and accept the oblighton Statutes, the abov	City & State	City & State			\$5.00	May Be
A Name and Address of Current Registered Agent     AMERILAWYER     343 ALMERA AVENUE     CORAL GABLES FL 33134     Bat     CORAL GABLES FL 33134     CORAL GABLES		Zip				
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134						
B4       City       FL       65       Zip Code         Consulated to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am formitar with, and accept the obligations of, Section 607.0502 florida Statutes.         Consulation submits this statement for the purpose of changing its registered agent. I am formitar visual agent and the a spontance was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am formitar visual agent and the a spontance was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am formitar visual agent and the a spontance was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 67.0505, Florida Statutes.         Control colspan="2">Control colspan="2"         Control cols	343 ALMERIA AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptabl	le)	
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 agent. I and backpet the obligations of, Section 607.0505, Florida Statutes.  GNATURE  Suprature, typed or phrase name of registered agent and the registered and for the purpose of changing its registered agent. I and accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE  Suprature, typed or phrase name of registered agent and the registered agent. I and for the purpose of changing its registered agent. I and accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE  Suprature, typed or phrase name of registered agent and the registered agent and the registered agent. I and the registered agent and the registered agent and the registered agent. I and the registered agent and the registered agent and the registered agent. I and the registered agent and the registered agent and the registered agent and the registered agent. I and the registered agent and the registered agent and the registered agent and the registered agent and the registered agent. I and the registered agent and the registered agent and the registered agent. I and the registered agent and the registered agent and the registered agent. I and the registered agent and registered agent and the registered	CORAL GABLES FL 33134		83			
affice or registered agent, or both, in the State of Fiolda. Such change was authorized by the corporation s board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Thorad Statutes, and accept the obligations of, Section 607 0505, Thorad Statutes, and the registered agent agent and the registered agent agent and the registered agent agent agent and the registered agent						
LE       PD       In TITLE       In TITLE       Change       Addition         MEE       BAISDEN, LINDA K       13 STREET ADDRESS       In TITLE       In TITLE       In Addition         MEET ADDRESS       4830 N.W. 10TH TERRACE       13 STREET ADDRESS       In STREET ADDRESS       In Change       Addition         Y-ST-ZP       FORT LAUDERDALE FL 33309       In Change       In Addition       Addition         MEE       AS30 N.W. 10TH TERRACE       21 NULE       In Change       Addition         MEET ADDRESS       BAISDEN, WILLIAM H SR.       23 STREET ADDRESS       In Change       Addition         MEET ADDRESS       4830 N.W. 10TH TERRACE       23 STREET ADDRESS       In Change       Addition         Y-ST-ZP       FT       LAUDERDALE FL 33309       24 CITY-ST-ZIP       Intrue       Intrue         V-ST-ZP       FT       LAUDERDALE FL 33309       24 CITY-ST-ZIP       Intrue       I	. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s the above-named corr	poration submits this statement for the pu	FL	registered
REET ADDRESS       4830 N.W. 10TH TERRACE       13 STREET ADDRESS         FORT LAUDERDALE FL 33309       14 CITY-ST-ZP         E       V       DELETE         AE       BAISDEN, WILLIAM H SR.         REET ADDRESS       4330 N.W. 10TH TERRACE         Y3-ZP       TLAUDERDALE FL 33309         Y-ST-ZP       22 NAME         Y3-ZP       TLAUDERDALE FL 33309         Y-ST-ZP       24 CITY-ST-ZP         Y-ST-ZP       S         AE       BAISDEN, TRACY L         S       DELETE       31 STREET ADDRESS         Y-ST-ZP       T       Street ADDRESS         Y-ST-ZP       T       Addition         Y-ST-ZP       T       Change       Addition         Y-ST-ZP       T       Change       Addition         Y-ST-ZP       T       Change       Addition         Y-ST-ZP       T       Change       Addition         Y-ST-ZP       S       DELETE       S TITLE         Y-ST-ZP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: GNATURE Signature, typed or printed name of registered age	e of Florida. Such change was au ations of, Section 607.0505, Flor ent and title if applicable. (NOTE.	es, the above-named cor thorized by the corporati ida Statutes. Registered Agent signature require	on's board of directors. I hereby accept a	The appointment as reg	registered jistered
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LE       V       Lotert       Link       Lotert       Link         VE       BAISDEN, WILLIAM H SR.       22 NAME       23 STREET ADDRESS         Vector       4830 N.W. 10TH TERRACE       23 STREET ADDRESS	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: GNATURE Signature, typed or printed name of registered age OFFICERS AI LE PD ME BAISDEN, LINDA K	e of Florida. Such change was au ations of, Section 607.0505, Flor ent and the if applicable. (NOTE: ND DIRECTORS	es, the above-named corr ithorized by the corporati ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 12 NAME	on's board of directors. I hereby accept a	DATE	registered istered
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we     5.3 STREET ADDRESS       y-st-zip     5.4 City-st-zip       LE    [] DELETE       WE     6.1 TitLe.       REET ADDRESS     6.3 STREET ADDRESS       y-st-zip     6.3 STREET ADDRESS       y-st-zip     6.4 City-st-zip	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: GNATURE E.E. PD ME BAISDEN, LINDA K REET ADDRESS 4830 N.W. 10TH TERRACE FORT LAUDERDALE FL 33309 LE V ME BAISDEN, WILLIAM H SR. 4830 N.W. 10TH TERRACE FORT LAUDERDALE FL 33309 LE S MEE BAISDEN, TRACY L 4830 N.W. 10TH TERRACE FT LAUDERDALE FL 33309 LE S MEE BAISDEN, TRACY L 4830 N.W. 10TH TERRACE Y-ST-ZIP FT LAUDERDALE FL 33309 LE T ME BAISDEN, WILLIAM H JR REET ADDRESS 4850 N.W. 10TH TERRACE	e of Florida. Such change was au ations of, Section 607.0505, Flor ont and the if applicable. (NOTE: ND DIRECTORS DELETE	Is, the above-named corr thorized by the corporation a Statutes. Registered Agent signature requir <b>13.</b> 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	on's board of directors. I hereby accept a	PL     I     Irpose of changing its r     the appointment as reg     DATE     CERS AND DIRECTOF     Change     Change     Change	RS IN 12 Addition
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AE         62 NAME           REET ADDRESS         63 STREET ADDRESS           Y- ST-ZIP         6.4 CITY- ST-ZIP	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: GNATURE E BAISDEN, LINDA K E PD AE BAISDEN, LINDA K HEET ADDRESS FORT LAUDERDALE FL 33309 E V AE BAISDEN, WILLIAM H SR. 4830 N.W. 10TH TERRACE FORT LAUDERDALE FL 33309 E S AE BAISDEN, TRACY L 4830 N.W. 10TH TERRACE FT LAUDERDALE FL 33309 E S AE BAISDEN, TRACY L 4830 N.W. 10TH TERRACE FT LAUDERDALE FL 33309 E T AE BAISDEN, WILLIAM H JR AE BAISDEN, WILLIAM H JR AE BAISDEN, WILLIAM H JR AE ADDRESS AE T AE T AE T AE T AE ADDRESS AE T AE T AE T AE ADDRESS AE T AE ADDRESS AE ADDRESS AE T AE ADDRESS AE T AE T AE ADDRESS AE ADDRESS AE T AE ADDRESS AE T AE ADDRESS AE ADDRESS AE T AE T AE ADDRESS AE T AE ADDRESS AE T AE ADDRESS AE T AE ADDRESS AE T AE ADDRESS AE T AE T AE ADDRESS AE ADDRESS AE T AE ADDRESS AE ADDRESS AE T AE ADDRESS AE	© of Florida. Such change was au ations of, Section 607.0505, Flor ent and the if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	In the above-named contributized by the corporation of the corporation	on's board of directors. I hereby accept a	PL     I     Irpose of changing its r     the appointment as reg     DATE     CERS AND DIRECTOF     Change     Change     Change     Change     Change	RS IN 12 Addition
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1-31-4F	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: GNATURE E BAISDEN, LINDA K WEET ADDRESS FORT LAUDERDALE FL 33309 E V MEET ADDRESS FT LAUDERDALE FL 33309 E S AE BAISDEN, WILLIAM H SR. 4830 N.W. 10TH TERRACE FORT LAUDERDALE FL 33309 E S AE BAISDEN, TRACY L 4830 N.W. 10TH TERRACE FT LAUDERDALE FL 33309 E S AE BAISDEN, TRACY L 4830 N.W. 10TH TERRACE FT LAUDERDALE FL 33309 E T ME BAISDEN, WILLIAM H JR 4850 N.W. 10TH TERRACE FT LAUDERDALE FL 33309 E T ME BAISDEN, WILLIAM H JR 4850 N.W. 10TH TERRACE FT LAUDERDALE FL 33309 E T ME BAISDEN, WILLIAM H JR 4850 N.W. 10TH TERRACE FT LAUDERDALE FL 33309 E	e of Florida. Such change was au ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE DELETE	IS, the above-named corr ithorized by the corporation Registered Agent signature requir 13. 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 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.1 TIT	on's board of directors. I hereby accept a	Impose of changing its r         urpose of changing its r         DATE         CERS AND DIRECTOF         Change         Change	RS IN 12 Addition
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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: GNATURE ESignature, typed or printed name of registered agent REET ADDRESS VEET ADDRESS	e of Florida. Such change was au ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE DELETE	IS, the above-named corr ithorized by the corporation a Statutes. Registered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 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 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 STREET ADDRESS 5.4 CITY-ST-ZIP	on's board of directors. I hereby accept a	Impose of changing its r         urpose of changing its r         DATE         CERS AND DIRECTOF         Change         Change	RS IN 12 Addition