

FILE NOW: FILING FEE AFTER MAY 15 IS \$500.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000104038

1. Corporation Name
SURFSIDE RESTAURANT CORPORATION

FILED

99 JUN 29 PM 1:07

Principal Place of Business
1086 OLD HWY 90E #C102A
DESTIN FL 32541
US

Mailing Address
1086 OLD HWY 90E #C102A
DESTIN FL 32541
US

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 12/10/1997		4. FBI Number 50-3490041		Applied For ☐ Not Applicable
3. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		24. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
8. Name and Address of Current Registered Agent HAUGHT, BRUCE A 801 HIGHWAY 90E STE. G DESTIN FL 32541				9. Name and Address of New Registered Agent 91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	☐ Change ☐ Addition	
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		
TITLE	2.1 TITLE	☐ Change ☐ Addition	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE	3.1 TITLE	☐ Change ☐ Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE	4.1 TITLE	☐ Change ☐ Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE	5.1 TITLE	☐ Change ☐ Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE	6.1 TITLE	☐ Change ☐ Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

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 filers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

3/18/99

DATE

Daytime Phone #