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

DOCUMENT # P98000026001 1. Corporation Name

JACK'S SHACK, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90064 018 ***150.00



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Principal Place of Business Mailing Address								111				10311 U I	JIII BU II	il Affila		1 99111 6	8485 HBI 48	
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MARGATE FL 33068			MARGATE FL 33068					DO NOT WRITE IN THIS SPACE										
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:							:	3. Date Inc		_	or Qu	allred						
2. Principal Place of Business 2a. Mailing Address								4. FEI Nur		^		L	Apr	lied For				
21						65	_	082		, 5 6					Applicat			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifca	te of	Statu	s Desi	red					dditional	
22																ee Red	·	== -
City & State			City & State					6. Election				ncing					May Be	
23	28							Trust Fund Contribution Added to Fees										
Zip	Country Zip				intry			8. This corporation owes the current year Intangible Personal Property Tax.										Ì
24	24 25 29 9 Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent										
	g. Name and Address of Curre	iii itegia	nered Agent		81	Name		10.										
BECK	ETT, JACK										.		61.3					
6971 S.W. 1ST STREET					82	Street A	ddres	ess (P.O. Box	Nun	iber is	Not A	ccept	able)					
MARG	SATE FL 33068				83					-								
															7	7: 6		
	•				84	City								FL	85	Zip C	ode	
11 Pursuant to	o the provisions of Sections 607.05	02 and 6	07.1508, Florida Statutes	s, the a	bove	e-named o	orpor	ration submits	s this	state	ment 1	or the	purp	ose of	f changi	ng its	egistere	d
office or re-	o the provisions of Sections 607.05 gistered agent, or both, in the State n familiar with, and accept the oblig	of Florid	da. Such change was aut	horized	d by	the corpo	ration	n's board of di	irect	ors. I h	nereby	acce	pt the	appo	intment	as reg	jistered	
_	Tamiliai witii, and accept the obliga	auons or,	, Section 607.0300, Florid	za Olai	ulcs.	•												
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title	if applicable. (NOTE: F	Registered	Agen	t signature re	quired v	when reinstating)					D.	ATE] ;
12.	OFFICERS A	ND DIRE	CTORS	13.				ADDITIO	NS/	CHAN	GES 1	O OF	FICE	RS AI	ND DIR	ECTO	RS IN 12	
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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.