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

**PROFIT** CORPORATION ANNUAL REPORT

1999

STEVE'S SANDBAR INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000050972

Mailing Address

Principal Place of Business 288-Z SUNDY ROAD

288-Z SUNDY ROAD

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90194 001 \*\*\*150.00



ELRAY BEACH	I FL 33446	DELRAY BEACH FL 33446					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							06/08/1998			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number 65-087 9892		<u> </u>	ied For
1		26	<del></del>				63-01/1812			Applicable
Suite, Apt.	#, etc.	$\vdash$	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	/DAd e Req	lditional
2		27	0 0.0.1				<u> </u>			
☐ City & State	e	-	City & State				6. Election Campaign Financing Trust Fund Contribution	• -	ded to	lay Be
3	Country	28	Zip	Cour	ntrv		Trust Fund Contribution     This corporation owes the current year Interest.		ded to	1 003
Zip		-	2.10	30	iti y		Personal Property Tax.	Yes	. [	□No
4	9. Name and Address of Currer	29	ered Agent	130]			10. Name and Address of New Registered			
	3. Name and Address of Curren	it ivegist	cica Agent		81	Name				
MOM	IBACH, GEOFFREY S			ļ	82					
500 EAST BROWARD BLVD.						Street Add	t Address (P.O. Box Number is Not Acceptable)			•
SUITE 1950				ŀ	83					
	T LAUDERDALE FL 33394			Į				-		
. •					84	City	FL	85	Zip C	ode
44 Diversions	to the provisions of Spetions 607.050	2 and 60	7 1509 Florida Statut	es the at	201/0	-named corn	poration submits this statement for the purpose of	changir	na its r	egistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	a. Such change was a	utnonzea	Dy I	ine corporati	on's board of directors. I hereby accept the appoin	ntment	as regi	istered
SIGNATURE										<u> </u>
	Signature, typed or printed name of registered age				Agent	signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDE	CTO	S IN 12
12.	OFFICERS AN	ID DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AN	Cha		Addition
TITLE	D		☐ DELETE	1.1 TIT					ango	C3 radibon
NAME	WOLF, STEVEN			1.2 NA			•			
STREET ADDRESS	288-Z SMITH SUNDY ROAD			1 '		ADDRESS	•			
CITY-ST-ZIP	DELRAY BEACH FL 33446			1.4 CIT		-ZIP		□ Ch	2000	[ Addition
TITLE	D		DELETE	2.1 TIT				☐ Cha	ange	Addition
NAME	BILOWIT, FRED			2.2 NA	ME					
STREET ADDRESS	C/O ROYAL LANDSCAPING 70	31 <b>PAR</b>	KLANE RD.	2.3 ST	REËT	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33467			2.4 CI		T-ZIP				T Addition
TITLE	D		☐ DELETÉ	3.1 TIT	LE			☐ Ch	ange	Addition
NAME	SZMIGA, ISREAL			3.2 NA	ME	1				
STREET ADDRESS	C/O ROYAL LANDSCAPING 70	31 PAR	KLANE RD.	3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33467			3.4. CI	TY-\$1	T-ZIP				P7 4 1 865 -
TITLE			☐ DELETE	4.1 TIT	LE			Ch	ange	Addition
NAME				4. 2 N	ME					
STREET ADDRESS				4.3 ST	REET	ADDRESS	•			
CITY-ST-ZIP				4.4 CIT	Y-57	-ZIP				
TITLE			☐ DELETE	5.1 TIT				Ch	ange	Addition
NAME				5.2 NA						
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY-ST-ZIP				5.4 CIT	Y-ST	- ZiP				
TITLE			☐ DELETE	61 TII	LE			Ch	ange	Addition
NAME				6.2 NA	ME	]				
STREET ADDRESS				6.3 ST	REET	ADDRESS				
CITY-ST-ZIP				6 4 CIT	Y-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 like empowered.

SIGNATURE:

561-969-9689