0409199-90017-049-$150.00-$150.00

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04-09-1999 90017 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P98000059976

1. Corporation Name
ST. JOHNS SEAFOOD RESTAURANT & OYSTER BAR #7, IN C.

Principal Place of Business	Mailing Address
2932 ALVARADO AVE JACKSONVILLE FL 32216	2932 ALVARADO AVE JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1998

4. FEI Number: 59-3528117 ☐ 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
21 1161 S. Lane Ave.	26 2443 Saragossa Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville, Florida	28 Jacksonville, FL
24 Zip 32205 25 Country Duval	29 Zip 32217 30 Country Duval

9. Name and Address of Current Registered Agent

AKEL, DANIEL D
1 INDEPENDENT DR, STE 2301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	RUKAB, ROBERT		1.2 NAME	Rukab, Robert	
STREET ADDRESS	2932 ALVARADO AVE		1.3 STREET ADDRESS	2443 Saragossa Ave.	
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP	Jacksonville, Fl. 32217	
TITLE	D	☐ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	RUKAB, LORI		2.2 NAME	Rukab, Lori	
STREET ADDRESS	2932 ALVARADO AVE		2.3 STREET ADDRESS	9434 Genna Trace	
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 CITY-ST-ZIP	Jacksonville, Fl. 322	
TITLE	D	☐ DELETE	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	FARAH, GREG		3.2 NAME	Farah, Greg	
STREET ADDRESS	2932 ALVARADO AVE		3.3 STREET ADDRESS	3040 Kegler Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32216		3.4 CITY-ST-ZIP	Jacksonville, Fl. 32216	
TITLE	D	☐ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	FARAH, MUNA		4.2 NAME	Farah, Muna	
STREET ADDRESS	2932 ALVARADO AVE		4.3 STREET ADDRESS	3040 Kegler Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32216		4.4 CITY-ST-ZIP	Jacksonville, Fl. 32216	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 like empowered.

SIGNATURE: Robert Rukab 1/26/99 (904)-378-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)