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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90116 015 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000075344

1. Corporation Name

CITY-ST-ZIP

SUNCOAST HAPPY HOUR HOLDINGS, INC.

Principal Place of Business Mailing Address										
4954 ROTHSCH	ILD DR.	4954 ROTI	4954 ROTHSCHILD DR.							
CORAL SPRING	S FL 33067	CORAL SE	CORAL SPRINGS FL 33067					DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualifed	O OI AOL	
								08/26/1998		
2 Principal P	lace of Business	2a Mailin	2a. Mailing Address					4 FFI Number	Apr	olied For
21	acc of Business	<u> </u>	26					65-0862185	Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5 Certificate of Status Desired	\$8.75 A	dditional
22		27	27					5. Certificate of Status Desired	Fee Re	
City & Stat	e	City 8	State	د <del>رندس</del> ت		ببسيت		6. Election Campaign Financing	\$5:00	· .
23		28	·—··					Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	<del>⊢</del>					8. This corporation owes the current year Intangible Personal Property Tax  Personal Property Tax		
24	25	29		30				Personal Property Tax.		
	9. Name and Address of Curre	ent Registered	Agent	-	81	Nam		10. Name and Address of New Registere	ı Agent	
E1 A1	TERY, ERIC					IVaili				
	ROTHSCHILD DR.					Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
	AL SPRINGS FL 33067					83			- Ta - 1	
001						_				
		•			84	City		=	85 Zip C	Code
44 Dismisset	to the provinces of Sections 607.05	502 and 607 150	8 Florida Statut	tes the a	bove	-name	ed corpo	ration submits this statement for the purpose	of changing its	registered
office or r	egistered agent or both in the Stat	e of Florida, Suc	ch change was a	autnonzeo	עם נ	the co	rporation	n's board of directors. I hereby accept the app	ointment as rec	gistered
agent. I a	m familiar with, and accept the oblig	gations of, Section	on 607.0505, FIG	onda Stat	ules	•				İ
SIGNATURE	Signature, typed or printed name of registered a	nent and title if applicat	ble. (NOTE	: Registered	Agen	t signatu	e required	when reinstating) DATE		<del></del> {
12. OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	DPTS		☐ DELETE	1.1 Ti	TLE		Τ"		☐ Change	☐ Addition
NAME	ELATTERY, ERIC			1.2 N	AME					
STREET ADDRESS	FLATTERY, ERIC 4954 ROTHSCHILD DI	R,		1.3 S	TREET	ADDRES	ss			
CITY-ST-ZIP	CORAL SPRINGS FL. 33067		7	1.4 C	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE		2.1 ∏	2.1 TITLE				Change	Addition	
NAME				2.2 N	AME					Į
STREET ADDRESS				2.3 S	TREET	FADDRES	SS			
CRY-ST-ZIP				_		T-ZIP				- Addition
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NAME				3.2 N						
STREET ADDRESS				3.3 S	TREE	TADDRES	SS			
CITY-ST-ZIP				_	_	T-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE			☐ DELETE	4.1 TI					☐ Change	
NAME					IAME					
STREET ADDRESS	ļ					T ADDRES	38			
CITY+ST-ZIP			DELETE	_	TY-S	1-ZIP	-		Change	Addition
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NAME						TADDRÉ:	ss			}
STREET ADDRESS					ITY-S					
CITY-ST-ZIP			☐ DELETE	6.1 T		6.11	+	·	☐ Change	Addition
TITLE				6.2 N			1			
NAME						T ADDRE	ss			į
STREET ADDRESS	1						1			

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.