

FILE NOW: FILING FEE AFTER MAY 1

FILED
Jun 10, 1999 8:00 am
Secretary of State
 06-10-1999 90024 024 ***550.00

DOCUMENT - 2

PROFIT
 CORPORATION
 ANNUAL REPORT
1999

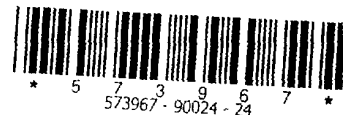


FLORIDA

Given:

DOCUMENT # **P98000082480**

1. Corporation Name

LARRY'S BEACHHOUSE, INC.

Principal Place of Business

Mailing Address

**1334 NORTH STATE ROAD 7
 MARGATE FL 33063**
**1334 NORTH STATE ROAD 7
 MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1998

4. FEI Number

65-0917565

Applied For

Not Applicable

5. Certificate or Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees7. This corporation owes the current year Intangible
Personal Property Tax☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYN, MARK J
 2 SOUTH BISCAYNE BLVD., STE #3599
 MIAMI FL 33131**

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 607.0503, Florida Statutes.

SIGNATURE

By State: Name of officer or director of registered agent (if applicable)

(If Applicable) Registered Agent is person (including attorney) designated by

(Signature)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
☒ DELETE	D BRYN, MARK J	2 S BISCAYNE BLVD, STE 3599	MIAMI FL 33131	☐ DELETE			
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☐ DELETE				☐ DELETE			

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
☐ Change ☒ Addition	DP	BRUCE LEWISON	1334 N. STATE RD 7	☐ Change ☒ Addition	DP	BRUCE LEWISON	1334 N. STATE RD 7
☐ Change ☐ Addition				☐ Change ☐ Addition			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), 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 empowerments.

SIGNATURE:

[Signature] **5/11/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-968-4887

CR2004 (11/98)

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