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 # P98000105119

HOCKEY BAR CORPORATION

					İ				
Principal Place of Business Mailing Address						f tobilodi iin duini latit naitt datt	ABLAS ICALE BASS)(8(18) 1188/ 11	918 1911 1991
O. BOX 338		P.O. BOX 338							
IAPLES FL 34106		NAPLES FL 34106			DO NOT WRIT	E IN THIS S	PACE		
					ŀ	3. Date Incorporated or Qualifed		II AOE	·
					ŀ	12/10/1998			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		T Ap	plied For
<u> </u>		26			59-3571033		<u> </u>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A	Additional
27		27				5. Certifcate of Status Desired		Fee Re	quired.
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country		ĺ	8. This corporation owes the curre	•		-
24	25	29 30)			Personal Property Tax.			⊠ No
9. Name and Address of Current Registered Agent				Name		10. Name and Address of New R	egistered A	gent	
HOLCHER, MAX A			81	Name	•				
	TH AVE.,SOUTH			Street	Addres	s (P.O. Box Number is Not Accepta	ble)		
STE.3									
	ES FLXXXIVIX 34102		83						
William STOS			84	City			FL	85 Zip C	Code
agent. I a	to the provisions of Sections of Assets gistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florida	a Statutes	•		han reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	FICERS AND		
TITLE	☐ DELETE 1		1.1 TITLE P			_		Change	X Addition
NAME			1.2 NAME			ez, Carlos			
STREET ADDRESS					1	Horseshoe Drive S	. #101		
CITY-ST-ZIP					Nap.	les, FL 34104			53.4.188
TITLE	☐ DELETE		2.1 πLE T		\mathbf{T}			☐ Change	X Addition
NAME			2.2 NAME			cher, Max A.			1
STREET ADDRESS			2.3 STREET	ADDRESS		== = =	uite 3	03	
CITY-ST-ZIP					Nap.	les, FL 34102		Change	Addition
TITLE			3.1 TITLE		1			Change	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		6				1
CITY-ST-ZIP			3.4. CITY-ST-ZIP 4.1 TITLE		 	-		Change	Addition
TITLE			4.1 IIILE 4.2 NAME					onenge	
NAME		'	4.2 NAME:		,				ĺ
STREET ADORESS			•		`				
CITY-ST-ZIP		DELETE	4.4 CITY-S	1-212	+-			Change	☐ Addition
TITLE		ے مددد	5.1 NAME		1				_
NAME STREET ADORESS			5.3 STREET	ADORESS	3				
STREET ADORESS			5.4 CITY-S						}
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		-	···········		Change	Addition
			-		1				

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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

(941) 649-7227

May 05, 1999 8:00 am Secretary of State

05-05-1999 90193 042 ***150.00

Daytime Phone #