FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S26392** **(8)**

1. Corporation Name

FATIMA'S AT THE BEACHES, INC.

Principal Place of Business	Mailing Address
233 THIRD STREET NEPTUNE BEACH FL 32266	233 THIRD STREET NEPTUNE BEACH FL 32266

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 216 11th Ave. S.	2a. Mailing Address	26 216 11th Ave. S.
Suite, Apt #, etc	22	Suite, Apt. #, etc	27
City & State	23 Jacksonville Beach, FL	City & State	28 Jacksonville Beach, FL
Zip	24 32250	Country	25 Duval
Zip	29 32250	Country	30 Duval

3. Date Incorporated or Qualified: 01/22/1991
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-4046187 — [ ] 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 has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

GLICKSTEIN, JOSEPH M., JR.
444 THIRD STREET
NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent

81 Name: Raymond E. Makowski
82 Street Address (P.O. Box Number is Not Acceptable): 886 South Third Street
83
84 City: Jacksonville Beach, FL 85 Zip Code: 32250

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: Raymond E. Makowski — RAYMOND E. MAKOWSKI — 5-9-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	V/S/T/D [X] Change [ ] Addition
NAME	TAJI, ABED F.	1.2 NAME	
STREET ADDRESS	233 THIRD ST.	1.3 STREET ADDRESS	1100 Seagate Ave.
CITY ST ZIP	NEPTUNE BEACH FL	1.4 CITY ST ZIP	Jacksonville Beach, FL
TITLE	ST	2.1 TITLE	P/D [X] Change [ ] Addition
NAME	LACY, ROXANNA C.	2.2 NAME	
STREET ADDRESS	233 THIRD ST.	2.3 STREET ADDRESS	2290 2nd St.South
CITY ST ZIP	NEPTUNE BEACH FL	2.4 CITY ST ZIP	Jacksonville Beach, FL
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Roxanna C. Lacy — 5-1-95 — (904) 241-4969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roxanna C. Lacy, President R.L. Roxanna C. Lacy

0021044 CP