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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

BEACH BREAKFAST, INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

FILED May 01 1998 8:00am Secretary of State

☐ Addition

						_			
Principal Place	of Business	Mailing Address		_		Conditions on still title train that		e-en elelt 2181	
COOK, MARK 7960 \$RD AVE S. ST PETERSBURG FL 33707	BEACH BREAKFAST INC. 5001 GULF BLVD. ST. PETERSBURG BEACH FL 33706 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/10/1991						
2. Principal Pl	ace of Business	2a, Mailing Address			4, FEI Number		Ap	oplied For	
21		26				59-3066611		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 City & State				5. Certificate of Status Desired \$8.75 Additional			
						ree Hequired			
City & State	Ð	├ ¬ '				6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added 1	May Be
7in	Country	28 Zip	Col	untry	,	8. This corporation owes or has pai			
		29	30	,		Personal Property Tax due June	_		No
	g. Name and Address of Current			Ι		10. Name and Address of New Re	jistered /	Agent	
CO	OK, MARK			81	Name				
796	30 SRD AVE S.			62	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
ST	PETERSBURG FL 33707								
				83					
:				84	City		FL	85 Zip (Code
44 Pureuppt	to the provisions of Sections 607.0503	2 and 607 1508. Florida Sta	tutes the s	hove	e-named corpo	pration submits this statement for the p	urpose of	f changing it	ls registered
l office or r	egistered agent, or both, in the State of th	of Florida, Such change wa	as authorize	ed by	/ the corporation	on's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE									
	Signature, typod or printed name of registered age:			ed Age	ent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE -	DIRECTOR	20 IN 12
12.	OFFICERS AND	DELETE	13. 1.1 T	ITLE		ADDITIONS/CHANGES TO OFFIC	ENS AINL	Change	Addition
NAME	MARK, COOK C.			IAME				_ •	
STREET ADDRESS	7960 3RD AVE S.				ADDRESS		-		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 (HTY-S	ST- 21P				
TITLE		DELETE	2.1 1	ITLE				Change	Addition
NAME			2.2	IAME					
STREET ADDRESS			2.3 9	STREET	ADDRESS				
CITY-ST-ZIP		Dourse			ST-ZIP			Change	Addition
TITLE		L_ DELETE	311					C cuands	A001000
NAME				NAME TREET	ADDRESS				
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP TITLE		DELETE		UILY - : IITLE	31-£IF			Change	Addition
NAME				NAME				• •	_
STREET ADDRESS					ADDRESS				
CITY-SI-TIP				CITY-S					
TITLE		DELETE		ITLE				Unango	
NAME	*		5.2 (IAME	j				
STREET ADDRESS			5.3 5	STREET	ADDRESS				

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby 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 find an attachment of the corporation of the co

6.1 TITLE

6.2 NAME

DELETE