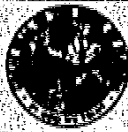


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S80311

(1)

1. Corporation Name

ALFIE'S TAVERN, INC.

Principal Place of Business

**215 B-2 PINE HOV CIRCLE
LAKE WORTH FL 33463**

Mailing Address

**215 B-2 PINE HOV CIRCLE
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/16/1991

3a. Date of Last Report

08/15/1994

4. FEI Number

65-0344344

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 ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

30

9. Name and Address of Current Registered Agent

**MCCABE, TIMOTHY P.
215 B-2 PINE HOV CIRCLE
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name

McCabe, Timothy P.

82 Street Address (P.O. Box Number is Not Acceptable)

6503 W. McLiberty Trail

83

#2500

84 City

BOCA RATON

FL

85 Zip Code

33496

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

Timothy P. McCabe **Timothy P. McCabe**

4-23-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MCCABE, TIMOTHY P.

STREET ADDRESS

215 B-2 PINE HOV CIRCLE

CITY - ST - ZIP

LAKE WORTH FL

TITLE

S

NAME

MCCABE, THERESA

STREET ADDRESS

215 B-2 PINE HOV CIRCLE

CITY - ST - ZIP

LAKE WORTH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 in an attachment with an address.

SIGNATURE:

Timothy P. McCabe **Timothy P. McCabe**
Signature and typed or printed name of signing officer or director

4-23-95 **(407) 969-3344**
Date Daytime Phone #