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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(4)

SUSIE'S STATION RESTAURANT, INC.

FILED May 11 1998 8:00am Secretary of State

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Principal Place of Business 103 \$ W COPELAND AVE EVERGLADES CITY FL 33929 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. City & State City & State Mailing Address 103 \$ W COPELAND AVE EVERGLADES CITY FL 33929 EVERGLADES CITY FL 33929 EVERGLADES CITY FL 33929 City & State City & State				DO NOT WRITE IN TH 3. Date Incorporated or Qualified 12/20/1991 4. FEI Number 65-0333108 5. Certificate of Status Desired 6. Election Campaign Financing	
23 Zip	Country 25	7 p	Country 30	Trust Fund Contribution This corporation owes or has paid the Personal Property Tax due June 30.	Added to Fees current year Intangible Yes No
20	TRICOFF HAROLD E. 1 S. BISCAYNE BLVD., STE. 15 AMIFL 33131	i00	81 Name 82 Street Ac 83 84 City	dress (P.O. Box Number is Not Acceptable) FL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered as		NOTE Registered Agent signature res	orporation submits this statement for the purpose pration's board of directors. I hereby accept the a submit of directors are provided when reinstating. ADDITIONS/CHANGES TO OFFICERS A	E
NAME STREET ADDRESS CITY-ST-ZIP	OLSEN, MELVIN W. 201 S. BISCAYNE BLVD., # MIAMI FL 33131		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP		
TATLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, WILLIAM D.,111 103 SW COPELAND AVE EVERGLADES CITY FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY+ST+ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN PATRICIA 201 S. BISCAYNE BLVD., # MIAMI FL 33131		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE .	5.1 117LE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP		Change Addition
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME		Change Addition

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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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.