PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Sep 09, 1999 8:00 am Secretary of State

- 1	1999	DIVISION OF CORPORATIONS		09-09-1999 90003 006 ***150.00			
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Corporation	Name	V COC	e2")	L			
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rcipal Place	of Business	Ma	iling Address				
	97860		,		DO NOT WRITE IN TH	IS SPACE	
1	Key L	ungo F	L 3303	フ	3. Date Incorporated or Qualified		
^	ace of Business	.1 —	Mailing Address	Λ	4. FEI Number	<u> </u>	plied For
7786		LSCAS HWY 26	152 Dou	· Ave	65-0362148	\$8.75 A	t Applicable
Suite, Apt. #	f, etc.	27	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Re	
City & State		, [21]	City & State		6. Election Campaign Financing	\$5.00	May Be
Kev	Longo		TAVERNI		Trust Fund Contribution		
7303		ountry 29	Zip 33070 31	Country 0 USA	This corporation owes the current year I Personal Property Tax.	☐ Yes	□No
<u> </u>		ddress of Current Regist	ered Agent		10. Name and Address of New Registere	d Agent	
1				81 Name	o .		
				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		Ĭ
			₁ Λ O				
			/ 1				
				84 City	<u> </u>	85 Zip C	Code
Pursuant to	the provisions of	Sections 607,0502 and 60	7,1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose	of changing its	registered
office or reg agent. I am	gistered agent, or familiar with, and	both, in the State of Florida accept the obligations of,	a. Such change was auth Section 607.0505, Figrid	norized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg a	pistered
NATURE				egistered Agent signature require	X	<u> 7</u>	
s	Signature, typed or printer	d name of registered agent and title if OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
<u> </u>	Presid		☐ DELETE	1.1 TITLE		Change	☐ Addition
	LAGREST CIT	R. mosty		1.2 NAME			
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ST-ZIP	+AVER n		33070	1.4 CITY-ST-ZIP			
: ;	Sect	tnes.	☐ DELETE	2.1 TITLE		Change	Addition
Ξ ;	Debro	. Sue Bunne	sw S	2.2 NAME			
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·				3.2 NAME			
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ST-ZIP				3.4. CITY-ST-ZIP			
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-ST-ZIP				5.4 CITY-ST-ZIP			5
OI-ZIF			☐ DELETE	6.1 TITLE		☐ Change	Addition
				6.2 NAME			
ET ADDRESS				6.3 STREET ADDRESS			

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

6.4 CITY-ST-ZIP

GNATURE:

V06627 613818-9003

Ballyhoo's Island Grille 152 Dove Avenue Tavernier, FL 33070

Annual Reports Filing Div. Of Corp. P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

The original form was sent to our old address which we never received. We then made two requests with no response. We finally received the forms after our third request, please take this into consideration as I have repeatedly tried to get new forms sent.

Thank You

Suzy Burrows

Request taken by: transles 8-19-99