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PROFIT CORPORATION ANNUAL REPORT



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

1996

| DOCUMENT # | V39911 |
|---------------------|------------------------|
| 1. Corporation Name | |
| I AKESIDE SHANTY | RESTAURANT & BAR. INC. |

Principal Place of Business

Mailing Address



| Suite, Apt. #, etc. 27 City & State City & State 28 Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees Solve, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Solve, Apt. #, etc. Fee Required Fee Required Fee Required Solve, Apt. #, etc. Fee Required Fee Required Fee Required Solve, Apt. #, etc. Fee Required Fee Requir | 615 7TH ST WINTER HAV | SW VEN FL 33990 | PO BOX 9214 WINTER HAVEN FL | 33880 | | | | |
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| SUITO, API, 2 etc. 2 SUITO, API, 3 etc. 2 SUITO, API, 2 etc. 2 SUITO, API, 3 etc. 3 SUITO, API, 3 etc. 4 | | | | | | 3. Date Incorporated or Qualified 05/29/1992 | 3a. Date of Last Report 05/01/1995 | |
| Suite, April in etc. 27 25 27 25 28 30 5 6 6 6 6 6 6 6 6 6 | 2. Principal Plac | ce of Business | 2a. Mailing Address | * | | 4. FEI Number | Applied For | ۱۲ |
| 27 | 21 | | 26 | | | 0570342009 | | |
| 28 | Suite, Apt. # | , etc. | h 1 | | | 5. Certificate of Status Desired | | al le |
| 28 29 30 | City & State | | | | | | | , <u> </u> |
| BAIER, GERALD E. 3819 CANNES DRIVE WINTER HAVEN FL 33884 82 11. Pursuant to the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions between the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions between the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions between the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions between the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions between the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions between the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions between the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions between the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions between the provisions of Sections 607,01502 post-862,1503 filling July 1995 post-provisions filling July 1995 post-862,1503 filling July 1995 post | | Country | Ziri | Cou | ntry | | | 1 |
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| BAIER, GERALD E. 3819 GAINES DRVE WINTER HAVEN FL 33884 88 | | 9. Name and Address of Curr | ent Registered Agent | | 2:7:::::: | 10. Name and Address of New I | Registered Agent | |
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| ### AUTOR HAVEN FL 33884 83 | | | | | 82 Street Ad | ldress (P.O. Box Number is Not Acceptal | ole) | |
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| 11. Provision It. If the provisions of Sections 607.0702 paid 602.1 \$50.4 First Districts. The abbotic formed or projection of the purpose of changing this registered office or registered apport. Library 90.0 \$3.0 to \$1.0 to \$1.0 to \$3.0 to \$1.0 to \$1. | | | | | 84 City | | 85 Zip Code | |
| SIGNATURE Signature Si | 44 Duramant k | the provinces of Soutions 607.06 | 02 and 607 1508 Florid , Stall | toe the she | no pamed core | coration allowits the statement for the nu | | office |
| SIGNATURE Signature Si | or registere | id agent, or both, in the State of He | orius. Such charige was authori | ized by the | orporation's be | part of directors. Thereby accept the app | pointment as registered agent. I ar | เทา |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTIONS IN 12 | familiar with | n, and accept the obligations | SIT 607. USOA FISHAR STATE | | | | W.11-9/ | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTIONS IN 12 | SIGNATURE | GERALO C | . BALERS | O'E Boundered | Apont sumature real | Pro-Five at registation | DATE | |
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| | CHY-ST-ZIP | | | | | h. fee the execution stated in Doot 111 | 0 07/21/14 Florida Ctatidas 14 45. | |

certify that the information indicated on this annual report or suppler oath, that I am an officer or director of the correction or the receive appears in Block 12 or Block 13 if changed, shounds attach negligible. ual report is true and accurate and that my signature shall have the same legal effect as if made unde e empoyeded to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

941-293-8869 Daytor e Prione 4