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

PROFIT CORPORATION ANNUAL REPORT

1997

**DOCUMENT # V44203** 

OCEAN STAR RESTAURANT, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

## **FILED** Mar 21 1997 8:00am Secretary of State

OCEAN STAR 6181 HWY 90 MILTON FL 32		Mailing Address 6181 HWY 90 MILTON FL 32570-1702			01811 01814 01914 01811 01811 01811 13911 13911
US				3. Date Incorporated or Qualified 06/15/1992	3a. Date of Last Report 07/02/1996
1 .	Salar of Bureness	2a. Mailing Address	7	4. FEI Number	Applied For
21    Suite, Apt  22	$\mu_* \leftrightarrow$ .	26] Suite, Apr. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	59-3128877 5. Certificate of Status Desired	Not Applicable
Ony & Stut	ler	City & State		6. Election Campaign Financing	\$5.00 May Be
23	f const	28	<del></del>	Trust Fund Contribution	☐ Added to Fees
24	Country 25	Zφ   <b>29</b>	Gountry 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032.
}5.71	9. Name and Address of Curre		[30]	10. Name and Address of New Re	
CH/	AN, TIMMY	-	81 Name		
	7 NORTHROP RD		82 Street Ac	ddress (P.O. Box Number is Not Accepta	ble)
MILT	TON FL 32570		83		ددور وسندي وسندورت ووالله يورد سيهو الأستودا ديووالية الوالية السيوالية المستوالية المست
				W	
			84 City		FL 85 Zip Code
Sacar-Atura 12.	Priorie Marie Brownia Garage		auffiorized by the corpollorida Statutes.  H. Fegeterica Agent sociating re	orporation submits this statement for the ration's board of directors. I hereby accending the statement of t	DATE
1111	D	DELETE	1.1 TITLE	ABSTRONS/01/140E0 TO 0111	Charige Addition
h <sup>o</sup> 4	CHAN, TIMMY		1.2 NAME		
Ellet Attellion	5577 NORTHROP RD		1.3 STHEFT ADDRESS		
Dist	MILTON FL	□ DELETE	1.4 CITY - S1 - ZIP		
NAM:	D Chan, Bie T.	L_J Otten	2 1 THLE 2 2 NAME		Change  Addition
51 : 11 At ole Sh	5577 NORTHROP RD		2 3 STREET ADDRESS		
(13 W pt	MILTON FL		2 4 CITY - ST - ZIP		
inter i		DELETE	3.1 TiTLE		Change Addition
PAME			3 2 NAME		
5 (d) 1 Abbie 21 7 (c) 11 Abbie 21	<b>,</b>		3.3 STHEET ADDRESS		
( 6 fr 5) 72 - 1 [ 16]E		DELETE	3.4. CHY-ST-7IP 4.1 TILLE	**************************************	Change Addition
1431.5		Bern M. C. C. C. C.	4 2 NAME		
Michigan Market	1		4.3 STREET ADDRESS		
100 r 11 70			4.4 CITY - S1 - ZIP		
E1		DELETE	5 1 10 LF		Change Addition
t.tw-			5.2 NAME		
s/Fitt Alciel Sec			5.3 STHEET ADDRESS		
0015 M 785 1967		TDELETE	5.4 C(TY - ST - Z)P 6.1 T() LE		Change Addition
1 1 11	1	L. PECCIE	9.1 11111		Cuendo Ci Matalon

14. To then by certify that the information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and stated on this annual report or suppliencental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that have an other or director of this comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name address.