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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V57108

SMUGGLERS BAY RESTAURANT LOUNGE, INC.

Principal Plac	ce of Business	Mailing Address	········			BIBI IBII BIBII	OLON OPOUR DINAL I		
1734 W. HILLS DEERFIELD BE	BORO BLVD. EACH FL 33442	1734 W. HILLSBORO BLVD. DEERFIELD BEACH FL 3344			DO NOT WR	TE INI TUIC	. SBACE	Ş	
					3. Date Incorporated or Qualifed	IL IN THIS	SPACE	<u> </u>	1
	•				08/10/1992_				1
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		An	plied For	ł
21		26			65-0347833		<del> </del>	t Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	· ·				\$8.75		1.
22		27 =		- <u> </u>	5. Certificate of Status Desired		Fee Re		
City & Sta	te	City & State			6. Election Campaign Financing	[]	\$5.00	May Be	L
23		28			Trust Fund Contribution		Added t	o Fees	1
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year In			l
24	25		30		Personal Property Tax.		Yes	□No	-
	9, Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New I	Registered	Agent	•	1
FGC	FIFTON JAMES	of the second se							]
	4 W. HILLSBORO BLVD.	Child and	82	Street Addre	ess (P.O. Box Number is Not Accepte	able)			ĺ
	RFIELD BEACH FL 33442		83		180 1917 1917	<u>.</u> (44		8 81 31	
						1			
	-		84	City	The second second	FI	85 Zip C	ode	ĺ
.11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	-named corpo	ration submits this statement for the	purpose of	changing its	registered	1
office or	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was aut lations of, Section 607.0505, Florid	thorized by t da Statutes.	the corporation	n's board of directors. I hereby acception when reinstating)	DATE	intment as rec	gistered	
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was aut ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F	thorized by t da Statutes. Registered Agent	the corporation	when reinstating)   10 mg   Mg   Mg   Mg   Mg   Mg   Mg   Mg	DATE	intment as rec	gistered	12/20/20
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office or agent. I a SIGNATURE  12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A D EGGLETON, JAMES	e of Florida. Such change was autiliations of, Section 607.0505, Florident and title if applicable. (NOTE: FND DIRECTORS	thorized by t da Statutes.  Registered Agent  13.  1.1 TITLE  1.2 NAME	signature required v	when reinstating)   10 mg   Mg   Mg   Mg   Mg   Mg   Mg   Mg	DATE	intment as reg	nistered	
office or agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A DEGGLETON, JAMES 641 NW 34TH ST.  FT. LAUDERDALE FL.	e of Florida. Such change was aut lations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F ND DIRECTORS	Registered Agent  13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature required v	when reinstating)   10 mg   Mg   Mg   Mg   Mg   Mg   Mg   Mg	DATE	intment as reg	nistered	
office or agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered up OFFICERS A D EGGLETON, JAMES 641 NW 34TH ST. FT. LAUDERDALE FL V THOMPSON, JOHN	e of Florida. Such change was autiliations of, Section 607.0505, Florident and title if applicable. (NOTE: FND DIRECTORS	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	signature required v	when reinstating)   10 mg   Mg   Mg   Mg   Mg   Mg   Mg   Mg	DATE	ND DIRECTO	RS IN 12	
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14. 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 of Block 13 if changed, oron an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90031 026 \*\*\*150.00