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

PROFIT **CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

Mailing Address

ANGELO'S SEAFOOD RESTAURANT, INC.

## **FILED** Jun 04 1998 8:00am Secretary of State

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E	IN THIS SPACE	DO NOT WRITE IN  3. Date Incorporated or Qualified  00/20/1005	E BRIDGE	CHLOCKNE	U.S. Highway 319 at CX P O BOX 159 PANACEA FL 32346 US	P Pi	LOCKNEE BRIDGE	9	O BOX 158 NNACEA FL	₽
Applied 5-:	——— <del>—</del> т	06/20/1985 4. FEI Number			Mailing Address	120		lace of Busine	Principal Pi	2 1
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Not Applicable  3.75 Additional	eo 75	59-2583926			Suite, Apt. #, etc.	26		# etc	Suite, Apt.	21
Fee Required	T	5. Certificate of Status Desired				27				22
	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				City & State	28		e 	City & State	23
ear Intangible	d the current year	8. This corporation owes or has paid to	,	Countr	Zip		Country		Zip	_
		Personal Property Tax due June 30		10		29		2		24
<u>.                                    </u>	jistered Agent	10. Name and Address of New Regla	<del></del>		tered Agent	urrent Registe	nd Address of Cur	9. Name a		
			Name	81			rline s.	etrandis, ai	PE	
	le)	ss (P.O. Box Number is Not Acceptable)	Street Addre	82		RANT	food restaur	NGELOS SEA	AN	
								S 98	US	
				63			2346	WACEA FL 3	PA	
Zip Code	85 Zi	<del></del>	City	84						
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iging its registered ent as registered	rpose or changing t the appointment	oration submits this statement for the purpon's board of directors. I hereby accept the	y the corporati	thorized b	da Such change was au f, Section 607.0505, Flor	State of Florida	nt, or both, in the St	registered ager	office or re	11.
	DATE	d when reinstaling)	ent signature require	Registered Ag	if applicable (NOTE	red agent and title if	printed name of registered	Signature, typed or	NATURE	SIG
ECTORS IN 12	ERS AND DIRECTO	ADDITIONS/CHANGES TO OFFICER		13.	CTORS	S AND DIREC	OFFICERS			12.
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hat the information	husthor coatte that	notion 110 07(2Vi) Florida Statuta 14			filing does not exist. for	ind with this fit	information supelier	portify that the		
r	further certify the	Section 119 07(3)(i), Florida Statutes. I fur s shall have the same legal effect as if m red by Chapter 607, Florida Statutes; and	I ADDRESS ST-ZIP otion stated in that my signature	61 TITLE 62 NAME 63 STREE 64 CITY- the exemplate and the	Il report is true and accu trustee empowered to ex	mental annual : e receiver or tr	report or suppleme	on this annual director of the	ET ADORESS -ST-ZIP I hereby condicated officer or conficer.	TITLE NAME STREE CITY