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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P93000057139 (6)

BRITISH RESTAURANTS OF	FLORIDA, INC.		
Principal Place of Business	Mailing Address		
1155 PASADENA SEMINOLE FL 34642 US	1155 PASADENA AVE S. APT A S. PASADENA FL <b>3370</b> 7 US		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		

**FILED** Feb 11 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address				<b>   </b>	
1155 PASADENA 1155 PASADENA AVE S. SEMINOLE FL 34642 APT A		AVE S.					
		00307		DO NOT WRITE IN TH	HIS SPACE		
US		S. PASADENA FL US	33701		3. Date Incorporated or Qualified	10 01 110 0	
		• • • • • • • • • • • • • • • • • • • •			08/10/1993		
2. Principal Pl	ace of Business	2a. Mailing Addres	ss		4. FEI Number	Applied For	
21	<u>,, ,, ,, , , , , , , , ,</u>	26			59-3194894	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	<del></del>	City & State				Fee Required	
23	,	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cour	try	8. This corporation owes or has paid the		
24	25	29	30	•	Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Register	ed Agent	
HAS	SKEL, LOUIS CPA			Name			
	S. SAN REMO AVE		ŀ	32 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
CLE	ARWATER FL 34619						
			·	33			
			<u> -</u>	34 City		85 Zip Code	
dd Discount	- (F	500 and 607 1500 Florida			poration submits this statement for the purpos	-L   25   27   2000	
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change	e was authorized	by the corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered appointment as registered	
agent. Fan	n <b>fa</b> miliar with, an <b>d</b> accept the ob	ligations of, Section 607.05	505, Florida Statu	tes.			
SIGNATURE	Signature, typed or printed name of registered	alds signs if all the teens	(NOTE: Begistered	Agent signature requir	red when reinstating) DAT	<u> </u>	
12.		AND DIRECTORS	13.	ngo na ang na ang na ang na	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELE	TE 1.1 TITE	E		Change Addition	
NAME	FOX, VICTOR		1.2 NAM	1E Ì			
STREET ADDRESS	1, KEY CAPRI 412 E		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND FL 337			'-ST-ZIP			
TITLE	VD	☐ DELE	TE 2.1 TITE	E		Change Addition	
NAME	MORGAN, KEITH R		2 2 NAM				
STREET ADDRESS	1 KEY CAPRI, 510 E			EET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND FL	DELE		Y-ST-ZIP		Character 17 Addition	
TITLE NAME		i'' DELE	TE 3.1 TITL 3.2 NAA	<b>I</b>		Change L Addition	
STREET ADDRESS				EET ADORESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELE				Change Addition	
NAME			4. 2 NAI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			· ·	- ST - ZIP			
TITLE	<del></del>	☐ DELE				Change Addition	
NAME			5 2 NAM	F			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP	····			-ST-ZIP			
TITLE		☐ DELE	TE 6.1 TITL			☐ Change ☐ Addition	
NAME			6.2 NAM	F			
STREET ADDRESS			6.3 STR	E1 ADORESS		1	
CITY-ST-ZIP			6.4 C(T)	- ST-ZIP		1	

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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 on an all ichment with an address.