FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016980 (2)**

1. Corporation Name

GRILLWAY, INC.

Principal Place of Business	Mailing Address
505 WEKIVA SPRINGS RD. #800 LONGWOOD FL 32779	505 WEKIVA SPRINGS RD. #800 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report:
4. FEI Number: 59-3232357 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FILINGS INC. 3732 N.W. 16TH NST. FT. LAUDERDAALE FL 33311	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: GASPERONI, EMIL SR STREET ADDRESS: 505 WEKIVA SPRINGS RD #80 CITY-ST-ZIP: LONGWOOD FL 32779	☐ Change ☒ Addition TITLE: President NAME: Emil Gasperoni Sr STREET ADDRESS: 505 wekiva Springs Rd CITY-ST-ZIP: Longwood, Fla. 32779
TITLE: D NAME: ~~SACCO, THOMAS~~ STREET ADDRESS: ~~505 WEKIVA SPRINGS RD #80~~ CITY-ST-ZIP: ~~LONGWOOD FL 32779~~	☒ Change ☐ Addition Resigned NO Longer with Corp.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Emil Gasperoni — Emil Gasperoni Sr Pres — 1-10-95 — 407-774-9434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044035 CP