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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kätherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600001383

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

AGV RESTAURANT CORPORATION

2. Principal Place of Business  2a. Mailing Address  4. FEI Number 59-3363071  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Suite Apt. #, etc.  Suite Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  DIMITRI, ATHANASOPOULOS  40 PINETREE CT.  PALM HARBOR FL 34683  B4 City  FL  Signature, typed or praised raise 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  Signature, typed or praised name of registered Agent and title if applicables.  (NOTE: Registered Agent signature, typed or praised name of registered Agent agent and title if applicables.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Note of Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Scriticate of Status Desired  Status Desired    \$ 5. Certificate of Status Desired    \$ 6. Election Campaign Financing    \$ 5.00 May Be Added to Fees Suite of Fees Suite of Fees Suite Su	401 E. JACKSO SUITE 101 TAMPA FL 3360 US		401 E. JACKSON ST SUITE 101 TAMPA FL 33602 US			-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  01/05/1996				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   State   Status Desired   Status Desi	2. Principal Pl	lace of Business	2a. Mailing Address	ling Address			4. FEI Number			Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	21		26				59-3363071			Not Applicable	3
City & State		#, etc.	Suite, Apt. #, etc.				s Certificate of Status De	sired			Ì
Zip Country Zip Country	22		27				5, Commedia or Citate De		Fee	Required	
Zip Country Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Pe	City & State	e	City & State	City & State							
Personal Property Tax.  9. Name and Address of Current Registered Agent  DIMITRI, ATHANASOPOULOS 40 PINETREE CT. PALM HARBOR FL 34683  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  P DELETE  1.1 TITLE								n		ed to Fees	
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40 PINETREE CT. PALM HARBOR FL 34683  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 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 SIgnature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P DELETE  1.1 TITLE	DIMI	TRE ATHANASOPOULOS		Ľ	'  '"						_
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  Change Addition	office or B	egistered agent, or both, in the State 0	f Florida. Such change was auth	orizea o	v tne d	corporation's	board of directors. I here	by accept the appo	intment as	registered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE P DELETE 1.1 TITLE	SIGNATURE							DATE			1.
TILE   P   □ DELETE   1.1 TILE   □ Change □ Addition			<u> </u>		ent signa	ature required wi			ND OIREC	TOPS IN 12	$\dashv $
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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 or Block 13 if changed, or on an attachment with an address, with all bither like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: Dinite ATTIANAS OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #