

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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



DOCUMENT # P96000039657 (7)

1. Corporation Name  
 MANGROVES BAR & GRILL, INC.

Principal Place of Business  
 208 SOUTH HOWARD AVENUE  
 TAMPA FL 33606

Mailing Address  
 350 FOREST PARK RD  
 OLDSMAR FL 34677  
 208 South Howard Ave  
 TAMPA FL 34606

DO NOT WRITE IN THIS SPACE

|                                |  |                         |  |  |  |
|--------------------------------|--|-------------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified  |  |
| 21 Suite, Apt. #, etc.         |  | 26 208 South Howard Ave |  | 05/03/1996   |  |
| 22 City & State                |  | 27 TAMPA FL             |  | 4. FEI Number  |  |
| 23 Zip                         |  | 28 FLORIDA              |  | 59-3376464   |  |
| 24 Country                     |  | 29 33606                |  | 5. Certificate of Status Desired   |  |
|                                |  | 30 USA                  |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
|                                |  |                         |  | 6. Election Campaign Financing Trust Fund Contribution   |  |
|                                |  |                         |  | <input type="checkbox"/> \$5.00 May Be Added to Fees<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                |  |                         |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.              |  |
|                                |  |                         |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent           |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| SARANTOS, PETE<br>350 FOREST PARK RD.<br>OLDSMAR FL 34677 |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | FL  |  |  |  |

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                  |                              | 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                      | PD PRESIDENT                 | <input type="checkbox"/> DELETE   | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |  |
| NAME                       | SARANTOS, PETE               |   | 1.2 NAME           |  |  |      |  |
| STREET ADDRESS             | 350 FOREST PARK RD           |   | 1.3 STREET ADDRESS |  |  |      |  |
| CITY-ST-ZIP                | OLDSMAR FL 34677             |   | 1.4 CITY-ST-ZIP    |  |  |      |  |
| TITLE                      | SAH                          | <input type="checkbox"/> DELETE   | 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| NAME                       | SAH, SAJJAD                  |   | 2.2 NAME           |  |  |      |  |
| STREET ADDRESS             | 631 ARBOR LAKE LANE BLDG #33 |   | 2.3 STREET ADDRESS | 607 Fathom Ct  |  |      |  |
| CITY-ST-ZIP                | TAMPA FL 33606               |   | 2.4 CITY-ST-ZIP    | Tampa FL 33602   |  |      |  |
| TITLE                      |                              | <input type="checkbox"/> DELETE   | 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |      |  |
| NAME                       |                              |   | 3.2 NAME           | VT   |  |      |  |
| STREET ADDRESS             |                              |   | 3.3 STREET ADDRESS | Lawrence L. Hudson   |  |      |  |
| CITY-ST-ZIP                |                              |   | 3.4 CITY-ST-ZIP    | 601 S. Oregon Ave Apt. E<br>Tpa Fl. 33606                                    |  |      |  |
| TITLE                      |                              | <input type="checkbox"/> DELETE   | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |  |
| NAME                       |                              |   | 4.2 NAME           |  |  |      |  |
| STREET ADDRESS             |                              |   | 4.3 STREET ADDRESS |  |  |      |  |
| CITY-ST-ZIP                |                              |   | 4.4 CITY-ST-ZIP    |  |  |      |  |
| TITLE                      |                              | <input type="checkbox"/> DELETE   | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |  |
| NAME                       |                              |   | 5.2 NAME           |  |  |      |  |
| STREET ADDRESS             |                              |   | 5.3 STREET ADDRESS |  |  |      |  |
| CITY-ST-ZIP                |                              |   | 5.4 CITY-ST-ZIP    |  |  |      |  |
| TITLE                      |                              | <input type="checkbox"/> DELETE   | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |  |
| NAME                       |                              |   | 6.2 NAME           |  |  |      |  |
| STREET ADDRESS             |                              |   | 6.3 STREET ADDRESS |  |  |      |  |
| CITY-ST-ZIP                |                              |   | 6.4 CITY-ST-ZIP    |  |  |      |  |

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.

SIGNATURE: [Signature]

7/95/98

CR2E034 (5/98)