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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56423

(9)

MVP'S SPORTS GRILLE, INC.

(9

Mailing Address

## FILED Feb 13 1998 8:00am Secretary of State

Kyan



Principal Place of Business Mailing Address					{	ITI OLDU BIRA BIBU TADI 1001
12777 ATLANTIC BLVD. 12777 ATLANTIC BLVD. JACKSONVILLE FL 32225 JACKSONVILLE FL 32225					·	
US		US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
<b>6</b> 6/5/5/5/5/5/	Diagonal Diagonal	10-14"			08/10/1992	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		59-3143038	Not Applicable	
22		h1	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<del></del>	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the co	T-1. 1
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	1 Agent
CLARK, ROSS T.				Name		
1558 SAN MARSO BLVD			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
JA	ACKSONVILLE FL 32207				( ) ( )	
			63			
			84	City		85 Zip Code
				-	FI	_     '
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.						
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE						
12.	<del></del>	AND DIRECTORS	13.	ont signature requir	ed when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 19
TITLE	D	DELETE		1	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	KAZALEH, LOUIS S.	_	1.2 NAME			one igo noncon
	TREET ADDRESS 11307 BEACON DR		1.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - S			
TITLE	-	DELETE				Change Addition
NAME			2.2 NAME			_ , ,
STREET ADDRESS	•		2.3 STREET	ADDRESS		1
CITY-ST-ZIP			2. 4 CITY - 5	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	-		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CiTY - 9	ST-ZIP		
TITLE		☐ DELETE	4.1 THILE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP ·		
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		DEFELE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP	portify that the information complied	The Alexander	6.4 CHY-S		Profice 440 07/0V/N Florida Change	

4. 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.