## 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 # 198696

**(7)** 

LOUIS PAPPAS RIVERSIDE RESTAURANT, INC.

Principal Place	e of Business	Mailing Address			1100	#		1841 <b>8</b> 1811 81811 811	101 <b>610</b> 11		
10 W. DODECANESE BLVD. LOUIS J. PAPPAS TARPON SPRINGS FL 34689-0118		10 W. DODECANESE BLVD. LOUIS J. PAPPAS TARPON SPRINGS FL 34689-0118			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified						
							1/1957	zuaiiiieu			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nu				Ap	plied For
21		26			59-	0792580				t Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required						
City & State		City & State					n Campaign Fin fund Contribution	_		-	May Be o Fees
<b>23</b> Zip	Country	Zip Country					orporation owes				
24	25	29	30	30			al Property Tax	•			] No
	9. Name and Address of Curren	t Registered Agent				10. Name	and Address o	f New Regi	stered Agent		
PAPPAS, LOUIS J. 708 WHITCOMB BLVD. TARPON SPRINGS FL 34689					Name L( Street Addres L(	OUIS 1 5 (P.O. Bo) 5 4 8 Se	LUCAS PA Number is Not abreeze	APPAS Acceptable Driv	e		
			8	13							
			8	14 (	City <b>T</b> a	arpon	Springs	5	FL  85	Zip (	оde 689
11. Pursuant to office or reagent. I as	to the provisions of Section 807 050; egistered agent, or both in the State in familiar with, and secept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was tlions of, Spection 607.8505, Fl	tes, the abo authorized orida Statut	ove-n by th	amed corpor e corporation	ration subm n's board ol	its this statement directors. I here	eby accept	the appointme	ging its int as	s registered
SIGNATURE	Signature, typed or printed name of registered age	and tile if any cable (NO)	IE: Benietared &	Agnot 6	ignature required	when reinstern	rs)	2/10	7/1998	г ———-	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	- принс	agriculare reduired	·	ONS/CHANGES	TO OFFICE	RS AND DIRE	CTOR	S IN 12
TITLE	D	X DELETE	1.1 TITLE	F			,		Ch	ange	Addition
NAME	PAPPAS, LUCAS L.	1.21		1.2 NAME							
STREET ADDRESS	3947 SILHOUETTE LANE	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS							
CITY-ST-ZIP				1.4 CITY-S1-ZIP					☐ Ch	2000	Addition
TITLE	<del></del>		· ·	2.1 TITLE					الله لي	unge	☐ Yearron
NAME Street address	PAPPAS, JACK L. 704 WHITCOMB BLVD		ı	2.2 NAME 2.3 STREET ADDRESS							
CITY-ST-ZIP	TARPON SPRINGS FL		2. 4 CITY-ST-ZIP								
TITLE	PD DELETE			3.1 TITLE					☐ Ch	ange	Addition
NAME	PAPPAS, LOUIS L.		32 NAM	3 2 NAME							
STREET ADDRESS	1648 SEABREEZE DRIVE		3.3 STRE	3.3 STREET ADDRESS							
CITY-ST-ZIP	TARPON SPRINGS FL		3.4. CITY	3.4. CITY-ST-ZIP							
TITLE	***		1	4.1 TITLE					Ch	ange	Addition
NAME	PAPPAS, LOUIS J.		4. 2 NAM								
STREET ADDRESS	708 WHITCOMB BLVD		4.3 STRE								
CITY - ST - ZIP	TARPON SPRINGS FL	DELETE	4.4 CITY 5.1 TITLE						☐ Ch	anne	Addition
TITLE NAME		believe	5.2 NAM		V/I	NCA b	. PAPPA	S			ÇÇ Masılısı,
STREET ADDRESS			5.3 STRE		1 7 6		ABREEZE		Ε		
CITY-ST-ZIP			5.4 CITY		ו גריח		SPRINGS				
TITLE	<u> </u>	DELETE	6.1 TITLE						☐ Ch.	ange	Addition
NAME			6.2 NAM	E							
STREET ADDRESS			6.3 STRE	€T AD	DRESS						
CITY-ST-ZIP			6.4 CITY								
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 eceiver 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 confident with an addless.											

2/10/1998

**FILED** 

Feb 18 1998 8:00am

Secretary of State