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

PROFIT CORPORATION ANNUAL RÉPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 237023

SOUTHGATE TOWERS RESTAURANT INC

			-	-			
Principal Plac	ce of Business	Mailing Address				,, a.a., a.a., a.,,, a.a.,	B/4// 0/8// /05/
C/O NS GUME	ENICK /	C/O NS GUMENICK				•	
900 W AVE MIAMI BCH FL	22120	900 W AVE MIAMI BCH FL 33139			DO NOT WRITE IN	THIS SPACE	
MIAMICOCHIC	_ 33133	MIRMI DOTT IE 33133			3. Date Incorporated or Qualifed	f.	
					05/28/1960	,	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-0915266		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				× \$8.75 A	Additional
22		27			5. Certifcate of Status Desired	· Fee Re	equired
City & Stat	te .	City & State	•	•	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	y _.	8. This corporation owes the current y		
24	25	29	30		Personal Property Tax.	Yes	□No
•	9. Name and Address of Curren		81	I N	10. Name and Address of New Regis	tered Agent	
CIN	MENICK, SOPHIA	•	. 81	Name		•	
	WEST AVE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	82	Street Add	Iress (P.O. Box Number is Not Acceptable)		18.4.
l	MI BEACH FL 33139		-		to the second se	- university	DE GOVERNMEN
(IMA	INII DENOTITE 00109		83	1			
			84	City	The second secon	85 Zip (
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11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	l2 and 607.1508, Florida Statut of Florida, Such change was a	tes, the abov	e-named corp	poration submits this statement for the purp-	ose of changing its appointment as re-	registered
				tne comporati			
# ∂ agent. I a	am familiar with, and accept the obliga				on a sound of directors. Thereby accept the	appointment to re-	gistered
SIGNATURE	am familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statutes	S.	······································		gistered
SIGNATURE	am familiar with, and accept the obligation of the state of section of the state of	ntions of, Section 607.0505, Flo	orida Statutes :: Registered Age	S.	ed when reinstating);	ATE	<u> </u>
SIGNATURE	am familiar with, and accept the obliga Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE	Registered Ages	S.	······································	ATE RS AND DIRECTO	 PRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN	ntions of, Section 607.0505, Flo	Registered Ages 13. 1.1 TITLE	S.	ed when reinstating);	ATE	<u> </u>
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN VDS. GUMENICK, SOPHIA	nt and title if applicable. (NOTE	E: Registered Agei 13. 1.1 TITLE 1.2 NAME	S. Int signature require	ed when reinstating);	ATE RS AND DIRECTO	 PRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN VDS. GUMENICK, SOPHIA	nt and title if applicable. (NOTE ID DIRECTORS DELETE	E: Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require	ed when reinstating);	ATE RS AND DIRECTO Change	PRS IN 12
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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 other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305-672-2412

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90012 033 ***158.75