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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 255426

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Country

25

MIKE GORDON SEAFOOD RE	STAURANT, INC.		
Principal Place of Business	Mailing Address		
1201 N E 79 ST MIAMI FL 33138	1201 N E 79 ST MIAMI FL 33138		
2. Principal Place of Business	2a. Mailing Address		

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Suite, Apt. #, etc.

City & State

Zip

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90034 018 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

DWO.

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

☐ Yes

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

01/29/1962 4. FEI Number

59-0949663

office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as registered agent and the information of the corporation's board or directors. Thereby accept the appointment as registered agent and the information of the corporation's board or directors. The second agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	Name and Address of Current Registered Agent				10. Name and Address of New Registered A	Reur		
1201 NE 79 STREET MIAMI FL 33138 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 14. CITY-ST-ZIP D D DELETE 11. TITLE D D DELETE 11. TITLE D D DELETE 11. TITLE D D DELETE 12. TITLE D D DELETE 13. TITLE D D DELETE 14. CITY-ST-ZIP MIAMI FL D DELETE 21. TITLE D D DELETE 21. TITLE D D DELETE 21. TITLE D D DELETE 22. STREET ADDRESS 12. STREET ADDRESS 12. STREET ADDRESS 12. STREET ADDRESS 12. TITLE D D DELETE 23. STREET ADDRESS 12. TITLE D DELETE 33. TITLE D Change A ACTIV-ST-ZIP MIAMI FL D DELETE 33. TITLE D Change A ACTIV-ST-ZIP MIAMI FL D DELETE 33. TITLE D Change A ACTIV-ST-ZIP D DELETE 33. TITLE D DELETE 33. TITLE D DELETE 33. TITLE D DELETE 33. TITLE D Change A ACTIV-ST-ZIP D DELETE 44. TITLE D DELETE 45. TITLE D DELETE 4			81	Name			[
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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Signa	1201 NE 79 STREET		82	82 Street Address (P.O. Box Number is Not Acceptable)				
The provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of 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, 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			83					
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office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as registered agent, 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 reinstatling) DAYE				_		i		
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12. OFFICERS AND DIRECTORS ITTLE PD	SIGNATURE	Standard hand or contest name of requestered grant and title if annicable (NOTF Register	ed Ager	nt signature r	required when reinstating) DATE			
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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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	CITY-ST-ZIP				d in Section 119 07(3Vi) Florida Statutes I further cert	ify that the	information	

Country

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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.

SIGNATURE:

CR2E034 (11/98)