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

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STREET ADDRESS CITY-ST-ZIP

**FILED** Mar 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 301729 (0)THE GLADIATOR RESTAURANT INC. Principal Place of Business Mailing Address 1440-10TH STREET 1440-10TH STREET LAKE PARK FL 33403 LAKE PARK FL 33403 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1966 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-1150704 21 Not Applicable 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRONTI, ROBERT L. 1440-10TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 LAKE PARK FL 33403 83 84 City Zip Code 85 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 reinstaling) (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE PRONTI, ROBERT L NAME 1.2 NAME CR2E034 1440-10TH STREET STREET ADDRESS 1.3 STREET ADDRESS LAKE PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE Change TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

**6.3 STREET ADDRESS** 

ROBBUT L. PRONTE

(561)842-3457

6.4 CITY-ST-ZIP 14. Thereby 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 of the receiver or trueflee ampowered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an an attachment with an address.