

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 349290

BISCAYNE BAY RESTAURANT CORPORATION

Principal Place of Business	Mailing Address
4155 E LA PALMA AVE SUITE 250 ANAHEMI CA 92807	4155 E LA PALMA AVI Suite 250 Anahemi ca 92807
	0- 14-11 1

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90081 040 ***150.00



	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

07/11/1969

2.	Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For			
21	·		26			95-2657658	Not	Applicable			
	Suite, Apt.	*, etc	Suite, Apt, #, etc			5. Certificate of Status Desired		dditional			
22	-		27			5. Certificate of Status Desired	Fee Rec	quired			
==1	City & State	•	City & State			6. Election Campaign Financing	\$5.00	May Be			
23	-		28			Trust Fund Contribution	Added to	Fees			
	Zip	Country	Zip Coun			8. This corporation owes the current ye	ar Intangible				
24		25	29 30			Personal Property Tax.	Yes	□No			
		9. Name and Address of Current F	Registered Agent			10. Name and Address of New Regist	ered Agent				
			81	Name							
PRENTICE-HALL CORPORATION SYSTEM, INC.			92	82 Street Address (P.O. Box Number is Not Acceptable)							
110 NORTH MAGNOLIA STREET			62	Street Address (F.O. Box Number is Not Acceptable)							
	TALL	AHASSEE FL 32301		83	83						
							11				
				84	City		FI 85 Zip C	ode			
44	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 re	egistered agent, or both, in the State of	Florida. Such change was auth-	onzed by	tne corporatio	n's board of directors. I hereby accept the	appointment as reg	istered			
	agent. I ar	n familiar with, and accept the obligatio	ns of, Section 607.0505, Florida	Statutes.							
SI	GNATURE		work o		t signature required	(when reinstating) DA	TE				
12		Signature, typed or printed name of registered agent a OFFICERS AND		13.	t signature required	ADDITIONS/CHANGES TO OFFICER		RS IN 12			
TIT		····	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[] Change	Addition			
	1	PD TALLIQUET DAVID C ID		1.2 NAME				_ }			
NA		TALLICHET, DAVID C JR			4000000						
	REET ADDRESS	4155 E LA PALMA AVE #250		1.3 STREET							
-	Y-ST-ZIP	ANAHEIM CA	∩ DELETE	1.4 CITY-ST	- ZIP		Change	Addition			
TIT	LE	AS	□ persis	2.1 TITLE			C1 orango				
NA	VTE]	MCMAHON, JUDITH		2.2 NAME	1						
STF	REET ADDRESS	4155 E LA PALMA AVE #250	u ma	·2.3 STREET	ì		•	ļ			
СП	Y-ST-ZiP	ANAHEIM CA		2.4 CITY-S	T-ŽIP		□ Change	Addition			
TIT	LE	VD	☐ DELETE	3.1 TITLE			[] Change	Addition			
NA	ME	TALLICHET, CECILIA		3.2 NAME							
Sπ	REET ADDRESS	4155 E LA PALMA AVE #250		3.3 STREET	ADDRESS			}			
СП	Y-ST-ZIP	ANAHEIM <u>CA</u>		3.4. CITY- S	T-ZIP						
ш	LE	AT	☐ DELETE	4.1 TTLE			Change	☐ Addition			
NAI	ME	ROYSE, BOB D.	•	4. 2 NAME							
STE	REET ADDRESS	4155 E LA PALMA AVE #250		4.3 STREET	ADDRESS			ľ			
СП	Y-ST-ZIP	ANAHEIM CA		4.4 CITY-ST	r-ZIP						
TIT	Œ	ST	☐ DELETE	5.1 TITLE			Change	☐ Addition			
NA	ME	TALLICHET, CECILIA		5.2 NAME				,			
STE	REET ADDRESS	4155 E LA PALMA AVE #250		5.3 STREET	ADDRESS	•		ļ			
CIT	Y-ST-ZIP	ANAHEIM CA		5.4 CITY-S1	r-ZIP			J			
ПП			☐ DELETE	6.1 TITLE			Change	☐ Addition			
NA	_{ME}			6.2 NAME							
	REET ADDRESS			6.3 STREET	ADDRESS						
l		•		6.4 CITY-\$1	r-ZIP						
CIT	Y-ST-ZIP		this files does not suglify for th	_		Continue 110 07/21/6) Florida Statutes I furth					

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.

SIGNATURE: