**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 591621

PANDORA'S STEAK HOUSE, INC.

Principal Place of Business 1120 B SANTA ROSA BLVD FORT WALTON BEACH FL 32548 Mailing Address

1120 B SANTA ROSA BLVD FORT WALTON BEACH FL 32548

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90041 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE,

	•	•		•	10/30/1978		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	i l Ao	plied For
21	n hn				59-1858918	i ii No	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	□ \$8:75 A	dditional
City & State City & State				<del></del>	6. Election Campaign Financing	* U 15 - 11	•
23 28			•		6. Election Campaign Financing Trust Fund Contribution  \$5,00 May Be Added to Fees		
Zip	Country · Zip			Country 8. This corporation owes the current y		A 1	0.000
24	25	— · · -	30		Personal Property Tax.		□No
127	9. Name and Address of Curre	<u> </u>	<u> </u>	10. Name and Address of New Registered Agent			
			81				
MONTALTO, SAM JR.							
423 CAVIAR DR				82 Street Address (P.O. Box Number is Not Acceptable)			
FT WALTON BCH FL 32548				83			Presental
				- Tagger 2012年11日 11日 11日 11日 11日 11日 11日 11日 11日 11日			图 過過
			84	City	12 . 21 <b>3</b> . 4 . 4.4 . 4.4	85 Zip C	ode " ' '
11 Dumingt	to the provisions of Sections 607.050	22 and 607 1509. Florida Statuta	s the above	2 22224 2222	ention automits this statement for the	FL	rogistorod
office or i	registered agent, or both, in the State	of Florida, Such change was aut	thorized by	the corporation	n's board of directors. I hereby acce	ept the appointment as reg	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	•		1	
SIGNATURE		·			<u> </u>		
12.	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: F ND DIRECTORS	Registered Agen	nt signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE "	DC IN 12
TITLE	PD OFFICERS AF	DELETE	1.1 TITLE		, , ,	Charge	Addition
	MONTALTO, SAM JR.	. DELETE	1.1 TILE 1.2 NAME		7. 17. 20 N		L. Addition
NAME	100 041845 55						
STREET ADDRESS	SSI 423 CAVIAN DR			ADDRESS			
CITY-ST-ZIP		O Delete	1.4 CITY-S	T-ZIP		1 11	-
TITLE	STD	☐ DELETE	2.1 TITLE 2.2 NAME		•	☐ Chànge	Addition
NAME	MONTALTO, SHERIE L						
STREET ADDRESS				ADDRESS	_	11	1
CITY-ST-ZIP	FT. WALTON FL.,		2. 4 CITY-S	T-ZIP			
TITLE HOS	15:30.3A	☐ DELETE	3.1 TITLE		·	Change	☐ Addition
NAME 1			3.2 NAME			* 40	• 1
STREET ADDRESS	William Pro		3.3 STREET	ADDRESS	the second second		15. 18 19 1 . P
CITY-ST-ZIP	<u></u>		3.4. CITY-S	T-ZIP		- 1764 唐代	( p) ( p) ( p) ( p)
TITLE	,	☐ DELETE	4.1 TITLE		e in the second	Change : 5	Addition
NAME		v.	4. 2 NAME	ĺ		h	
STREET ADDRESS	15.7 · ·	* * * * * * * * * * * * * * * * * * * *	4.3 STREET	ADDRESS	•		
CITY-ST-ZIP	<u></u>		4.4 CITY-ST	r-zip	·	<u> </u>	<u> </u>
TITLE	2	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME		•	5.2 NAME			•	
STREET ADDRESS	of tage *		5.3 STREET	ADDRESS			Ī
CITY-ST-ZIP		,	5.4 CITY+ST	r-ZIP			
TITLE			6.1 TITLE ·			Change	☐ Addition
NAME	<b>有一种的原</b>		6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	9.4	•	6.4 CITY-S3	r-ZIP			1

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.

**SIGNATURE**