Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90054 040 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 613874

 Corporation 	Name						
CHARLEY BROWN'S OF VERO BEACH, INC.							
Dringing Block	of Business	Mailing Address			{		
·							
1400 GULFSHORE BLVD N 1400 GULFSHORE BLVD N #216 #216							
NAPLES FL 34102 NAPLES FL 34102				DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed 04/01/1979		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	IdA	plied For	
21	26				59-1888645		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
27		27			5. Certificate of Status Besiled	Fee Red	quired
City & State City		City & State	Dity & State		6. Election Campaign Financing	\$5.00	*
23 28 28					Trust Fund Contribution Added to Fees		
Zìp			Country	<i>'</i>	 This corporation owes the current year Personal Property Tax. 		□No
24	25 29 30 9. Name and Address of Current Registered Agent		<u> </u>		10. Name and Address of New Register		
	5. Name and Address of Curr	silt itegistered Agent	81	Name			
PHILLIPS, D M		82	C4	(D.O. Bay Number in Not Assentable)			
1400 GULFSHORE BLVD, N			82	82 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 33940		83	<u> </u>			-	
			84	City		85 Zip C	Code
			'			-L	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	registered
agent. I a	n familiar with, and accept the obliq	gations of, Section 607.0505, Florid	la Statutes	ine corporati	on a board of directors. The objectors are up	pominion de l'es	,
SIGNATURE							
	Signature, typed or printed name of registered agent and title # applicable. (NOTE: R OFFICERS AND DIRECTORS			ustered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN 12
12.	PD	DELETE 1.11			ADDITIONO/OFFICE TO OFF	Change	Addition
NAME	PHILLIPS, DENNIS M	_	1.2 NAME				
STREET ADDRESS	3480 RUM ROW		1.3 STREET ADDRESS				
CITY+ST-ZIP	NAPLES FL		1,4 C/TY-S	ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	PHILLIPS, NANCY		2.2 NAME				
STREET ADDRESS	3480 RUM ROW		2.3 STREE	TADDRESS			
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-	ST-ZIP			
TITLE	,	☐ DETELE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY-	ST-ZIP		Change	☐ Addition
TITLE			4.1 TITLE 4.2 NAME				
NAME CTREET ADDRESS	•		4.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP				ļ
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				.
STREET ADDRESS	1		5.3 STREET ADDRESS				l
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE	2		6.1 TITLE			☐ Change	Addition
NAME	WME .		6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

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 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 attach here with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: