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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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May	14 1	997	8:00am
Sec	retai	y of	State

SUNRISE	MENT # 666633 EAST CORP.	(3) Mailing Address				
mnospai Fados XX 23RD AVEN		Malling Address				
J) ZSHU AYEN 1	100	#1				
ASS-A-GRILLE S	FL 33706	PASS-A-GRILLE FL 33708	14167			 ,
5		US		3. Date Incorporated or Qualified 04/11/1980	3a. Date of L 04/29/19	
Principal P	lace of Business	2a. Mailing Address		4. FEI Number	04/20/10	Applied For
100 -	23rd avenue	26 100 23	a Civerae.	. 59-1979937	t	Not Applicab
Suile, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 7 -	75 Additional se Required
City & State	**************************************	City & State	July EL	6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for	ntangible tax un	
_23	706 25 P. JGCA S		30 PINGUAS	Florida Statutes 10. Name and Address of New Re	Yes No	
PAW	ÆLL, DONNA L		61 Name	*** ******* **************************	- Jin va riguil	······································
	57TH ST N		82 Street Add	trace (P.O. Boy Number is Not Acceptat	vie)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ST. F	PETERSBURG FL 33710		700	dress (P.O. Box Nymber is Not Acceptate	13	
			83	·		
			84 City	6-A-CPULLE	F) 85	Zip Code 33706
	to the pre- island of Contage 607 050					
Pursuant	to the provisions of Sections 607,000	2 and 607.1508, Florida State	utes, the above-named cor	rporation submits this statement for the p	ourpose of chang	ging its registere
	Yours	Mond	ノ .	poration submits this statement for the pation's board of directors. I hereby acceptance	ען עבייקנדי	ging its registered as registered
GNATURE	Signature: Sympo or printed name of registered ago	ano tile Happicable. (No	OTE Registered Agent signature requ	ured when reinstaling)	DATE	
GNATURE	Signature: Sympo or printed name of registered ago	Mond	OTE Registered Agent appature requ	ured when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRE	CTORS IN 12
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4.1 do receive certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Plorida 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 coporation or the receiver or trusteg empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEOP OF PRINTED HANE OF SIGNING OFFICER ORDIRECTOR

4/20/97

813:367-6253 Daytime Phone #