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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # F80597**

(0)

BLUE GROTTO ITALIAN RESTAURANT, INC.

Principal Place of Business Mailing Address 1674 SW 57TH AVENUE 1674 SW 57TH AVENUE MIAMI FL 33155-2135 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 05/10/1982 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2183965 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{\rm ID}$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HARRISON JR., WALTER B. 14600 SW 83RD PLACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33158** 83 84 City Zip Code 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 typical or prieted row and recost and agent and fille if approable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 96/6) Change TITLE 1.1 TITLE BECKER, EARL NAME 1.2 NAME 2916 DOUGLAS RO STREET ADDRESS 1.3 STREET ADDRESS SORAL GABLES, FL 00000 CHTV - ST - ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE HARRISON, LYNN E. 22 NAME NAME 14600 SW 83 PL STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 T/TLE HARRISON JR., WALTER B. NAME 14600 SW 83 PL 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33158** 3.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP City - S1 - Zif DELETE Change Addition TITLE 51 TITLE 52 NAME NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do 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 innual 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 Bly 3, 3, of langed, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

TITLE

NAME

Change

Addition

**FILED** 

Jan 16 1997 8:00am

Secretary of State

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