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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F80597

(0)

1. Corporation Name											
BLUE GROTTO ITALIAN RESTAURANT, INC.											
SECT CHOILD HELD HOLD HAVE HELD									A CHARANNA ARMY ENGLE MALAY ATRAN SARRE RANG MENGLANIA	18 01011 U 7 0 21 0 1	
Principal Plac	ce of Business	Mailing Address					} BBO! @B 1[86 D! BB184 E4ff8 D 1084 D B18		1811 E1914 HJA1		
1674 SW 57TH AVENUE				1674 SW 57TH AVENUE				- 1			
MIAMI FL 33155 MIAMI FL 3315.					104						
									DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualified		
2 Delevelent I	Diana at Divalance	On Matter Address						05/10/1982			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Applied For
Suite. Apt. #, etc.				Suite, Apt. #, etc.					59-2183965 		Not Applicable Additional
22			—	27					5. Certificate of Status Desired		Required
City & State				City & State					6. Election Campaign Financing	\$5.0	0 May Be
23				28					Trust Fund Contribution		d to Fees
Zip	Country			Zip		Country			8. This corporation owes or has paid the co	ırrent year i	ntangible
24	25			29 30							□ No
	9. Name and Ad		nt Registe	ered Agent		-	1		10. Name and Address of New Registered	Agent	
HARRISON JR., WALTER B.						81	Name				
14600 SW 83RD PLACE							Street Ad	ddres	s (P.O. Box Number is Not Acceptable)		
MIAMI FL 33158						83					
						03	1				
						84	City		FI	85 Zip	Code
11. Pursuant	to the provisions of S	Sections 607.05	02 and 60	7,1508, Florida Stati	ites, the a	bove	s-named co	огрога	ation submits this statement for the purpose	of changing	its registered
office or agent. I a	registered agent, or t am familiar with, and :	ooth, in the State	e of Florida pations of	a. Such change was Section 607.0505. F	authorize Iorida Sta	ed by stutes	the corpors.	ration	ation submits this statement for the purpose o's board of directors. I hereby accept the ap	pointment a	s registered
SIGNATURE			J ••••••••••						••		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require								quired v			
12.	DOT	OFFICERS AN	VD DIRECT		13.			_	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DST	NINI E		☐ DELETE	1.1 1					L Change	Addition
NAME	HARRISON, LYNN E. 14600 SW 83 PL						1.2 NAME				
STREET ADDRESS	4 44 4 1 7 7			The state of the s			1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	P						1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME	HARRISON JR., WALTER B.			_		2.2 NAME				citalige	
STREET ADDRESS	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						2.3 STREET ADDRESS				
CITY-ST-ZIP	14114 51 00450						2. 4 CITY-ST-ZIP				
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NAME					3.2 N	AME	1			-	
STREET ADDRESS				•	3.3 S	TREET	ADDRESS				
CITY-SI-ZIP					3.4. C	ITY-S	ST-ZIP				
TITLE				DELETE	4.1 ∏	TLE				Change	Addition Addition
NAME					4. 2 N	IAME					
STREET ADDRESS	PRESS				4.3 \$1	4.3 STREET ADDRESS					
CITY-ST-ZIP				[7]		ITY-S	T-ZIP				
TITLE				L DELETE	5.1 TI					Change	☐ Addition
NAME					5.2 N						
STREET ADDRESS							ADDRESS				
CITY - ST - ZIP				Determ	5.4 CI		T- ZIP			Chance	Addition
TITLE				☐ DELETE	6.1 TI					Change	Addition
NAME					6.2 N/		*DDDCCC				,
STREET ADDRESS					1		ADDRESS				

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.

SIGNATURE:

WHENE THE SECTION OF THE SECTION OF

1.23-98 3052382452

FILED

Feb 09 1998 8:00am

Secretary of State

CR2E034 (10/97)