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

CORPORATION ANNUAL REPORT

1998

400 SW 3RD AVE

21

22

FT LAUDERDALE FL 33315

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G30023

(7)

SHIRTTAIL CHARLIE'S RESTAURANT CORP.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

400 SW 3RD AVE FT LAUDERDALE FL 33315

## **FILED** Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified 03/23/1983

59-2305239

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

| 23 28  |   |                             |                        |            |                   | Trust Fund Contribution Added to Fees  |
|--|---|-----------------------------|------------------------|------------|-------------------|--|
| Zìp  | Country                                 | Zip                         |                        | country    |                   | 8. This corporation owes or has paid the current year Intangible                   |
| 24   | 25                                      | 29                          | 30                     | 30         |                   | Personal Property Tax due June 30.  Yes No   |
| 9. Name and Address of Current Registered Agent  |   |                             |                        |            |                   | 10. Name and Address of New Registered Agent                                       |
| KLISTON, TODD W.   |   |                             |                        | 81         | Name              |  |
| 861 E. COCO PLUM CIRCLE  |   |                             |                        | 82         | Stree             | t Address (P.O. Box Number is Not Acceptable)                                      |
| PLANTATION FL 33324  |   |                             |                        |            |                   |  |
|  |   |                             |                        | 83         |                   |  |
|  |   |                             |                        | 84         | City              | 85 Zip Code  |
| THE Course to the provide to a Continue COT OFFICE and COT AFFICE Classics.  |   |                             |                        |            |                   | FL 65 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.  |   |                             |                        |            |                   |  |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |   |                             |                        |            |                   |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |                             |                        |            |                   |  |
| 12.  | OFFICERS AND                            | 340303                      |                        | 3.         | it signatur       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |
| TITLE  | PD                                      | ☐ DELET                     | TE 1.                  | 1 TITLE    |                   | ☐ Change ☐ Addition  |
| NAME   | JACKSON, DAVID H.                       |                             | 1:                     | 1.2 NAME   |                   | ·  |
| STREET ADDRESS   | 420 S.E. 17TH AVE.                      |                             | 1.3                    | 3 STREET   | ADDRESS           |  |
| CITY-ST-ZIP  | FT. LAUDERDALE FL                       |                             | 1.4                    | 4 CITY-S?  | [-2]P             | 1  |
| TITLE  | DV                                      | ☐ DELET                     | E 2.                   | 1 TITLE    |                   | Change Addition  |
| NAME   | JACKSON, CONSTANCE                      |                             | 2.                     | 2 NAME     |                   |  |
| STREET ADDRESS   | 420 S.E. 17TH AVE.                      |                             | 2.5                    | STREET .   | ADDRESS           |  |
| CITY - ST - ZIP  | FT. LAUDERDALE FL                       |                             | 2,                     | 4 CITY - S | T-ZIP             |  |
| TITLE  |   | ☐ DELET                     | E 3.                   | 1 TITLE    |                   | Change Addition  |
| NAME   |   |                             | 3.3                    | NAME       |                   |  |
| STREET ADDRESS   |   |                             | 3.3                    | STREET ,   | ADDRESS           |  |
| CITY-ST-ZIP  |   |                             |                        | I, CITY-S  | T-ZIP             |  |
| TITLE  |   | ☐ DELET                     | E 4.1                  | TITLE      |                   | ☐ Change ☐ Addition  |
| NAME   |   |                             | 4.                     | 2 NAME     |                   |  |
| STREET ADDRESS   |   |                             | 4.3                    | STREET A   | ADDRESS           |  |
| CITY-SI-ZIP  |   | D.C. C.                     |                        | CITY-ST    | - ZIP             |  |
| TITLE  |   | ☐ DELETI                    |                        | TITLE      |                   | Change Addition  |
| NAME   |   |                             |                        | NAME       |                   | 1  |
| STREET ADDRESS   |   |                             |                        | STREET /   |                   |  |
| CITY - ST - ZIP  |   |                             | _ 1                    | CITY - ST  | <u>- ZIP</u>      | 0  |
| TITLE  |   | ☐ DELETI                    |                        | TITLE      |                   | Change Addition  |
| NAME   |   |                             |                        | NAME       |                   |  |
| STREET ADDRESS   |   |                             |                        | STREET     |                   |  |
| 14. I hereby c   | ertity that the information supplied wi | th this filing does pot our | 6.4<br>alify for the e | CITY-ST    | - ZIP<br>ion stat | ed in Section 119 07(3)(i) Florida Statutes I further certify that the information |
| 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 chapted, or oh an attactment with an address. |   |                             |                        |            |                   |  |
| officer of director of the corporation of reference of trustee enpowered to execute this report as required by Chapter 607, Horida Statutes; and that my name appears in Block 12 or Block 13 or Brazoed, or oh an attachment With an address  |   |                             |                        |            |                   |  |