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PROFIT
CORPORATION
ANNUAL REPORT
1999



DOCUMENT # J04985

STECK RESTAURANT CORPORATION

FLED

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

Apr 20, 1999 8:00 am

Secretary of State

04-20-1999 90010 001 ***150.00

Į							
Principal Place of Business Mailing Address					+ 1001110 2011 00111 01013 12101 1810	i Mint Mintt Alfte debit nintt Alate Alfte (må)	
C/O SAMUEL L. BARTOLETTA C/O SAMUEL L. BARTOLETT/ 660 LAKE DASHA LANE 660 LAKE DASHA LANE PLANTATION FL 33324 PLANTATION FL 33324			4		DO NOT WRITE IN THIS SPACE		
CANTATION TE 00027				3. Date Incorporated or Qualifed			
					03/19/1986		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
26					59-2659773	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Cartificate of Status Desired S8.75 Additional		
22 27				Fee Required			
City & State City & State 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zíp Country			8. This corporation owes the currer		
24	25	29 30	٦ .		Personal Property Tax.	Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				Name			
BARTOLETTA, SAMUEL L.			82	Street	t Address (D.O. Boy Number in Not Assentable)		
660 LAKE DASHA LANE				Street	reet Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				1			
HAR MICH BURKET FAM. Other powers of the state of the st			. 84	City		FL 85 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
			1.1 T/TLE		ADDITIONS/CHANGES TO OFFI	Change Addition	
NAME	BARTOLETTA, SAMUEL L.			ļ			
200 1 44/2 0 4 0444 1 1 1			1.2 NAME	T +DODE00			
DI AASTATION SI				TADORESS			
		1.4 CITY-5	si-ZIP		☐ Change ☐ Addition		
TITLE	STD PARTOLETTA EVELVALE	FINETELE	2.1 TITLE]		Dictional Dynamics	
			2.2 NAME	Ţ			
STREET ADDRESS 660 LAKE DASHA LN.			2.3 STREE	TADDRESS			

CITY-ST-ZIP PLANTATION FL 2. 4 CITY-ST-ZIF 1 DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition m F 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 8.4 CITY-ST-ZIP C/TY-ST-Z/P

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 954-475-0496

Daytime Phone #

CR2F034 (11/98