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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	100	DIVISI	ON OF CORPOR	ATIONS	Scretai	y of State	
DOCU 1. Corporation			67 (9)				
FIFTH	avenue (GRILL, INC.				Í		
)	HANDY BYDY BYDY BYDY BYDY BYDY BYDY ISB	
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Principal Place of Business Mailing Address							i Albin bibli andil Bibit Bibit Bibit (68)	
821 S.E. 5TH AVENUE P O BOX 790								
P.O. BOX 790 DELRAY BCH. FL 33447-7790			P.O. BOX 790 DELRAY BEACH	DELRAY BEACH FL 33447-0790				
		••	US	US		3. Date Incorporated or Qualified	3a. Date of Last Report	
						11/15/1988	01/23/1996	
2. Principal I	Place of Busi	ness	-	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt	# oto		26 Suite Ant H	Suite, Apt. #, etc.		65-0087826	Not Applicable	
22 Suite, Apr	#, t:.G		<u>├</u> -ŋ	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te		City & State			6. Election Campaign Financing	\$5.00 May Be	
23			28			Trust Fund Contribution	Added to Fees	
Zip	Couritry Zip			Cou	intry	8. This corporation has liability for intangible tax under s. 199.032,		
24		25 29 30			Florida Statutes Yes No			
	9. Name	and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
	rry, mark				81 Name			
i .	SE 4TH A				82 Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33483					83			
					63		ŀ	
					84 City		FL 85 Zip Code	
11. Pursuan	Lto the provi	sions of Sections 607	0502 and 607 1508. Florid	la Statutes, the a	bove-named co	progration submits this statement for the c		
office or	registered a	gent, or both, in the S	state of Florida Such chan bligations of, Section 607.	ge was authorize	d by the corpor	prporation submits this statement for the pration's board of directors. I hereby accept	ot the appointment as registered	
1	arii iairiiliar v	nor, and accept the o	bligations or, section our.	0000, Florida Sta	tutea.			
SIGNATURE Signalize, typic or punted name of region sed agent and title if applicable. (NOTE Regi					d Agent aignature rec	quired when reinstating)	DATE	
12.		OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D		☐ DE	4	1		Change Addition	
NAME	7.127.11.17			1.2 N				
}	STREET ADDRESS 551 S.E. 8TH ST., STE. 503			•	1.3 STREET ADDRESS			
CITY - S1 - ZIP	D	BEACH FL 33483	DE		ITY-ST-ZIP	······	Change Addition	
TITLE	1 -	TUONAC D	L., D.		ì		Change C Addition	
NAME STREET ADORESS					AME TREET ADDRESS		Í	
CITY-ST-ZIP		' BEACH FL 33483			CITY-ST-ZIP	•	İ	
TITLE	DEDIN	DENOIT I COTO	DE				Change Addition	
NAME				3.2 N				
STREET ADDRESS	1				TREET ADORESS		ľ	
CITY-ST-ZIP					CITY-ST-ZIP		ļ	
TITLE	1		DE DE	LETE 4.1 T	ITLE		Change Addition	
NAME	į			4.21	NAME		ļ	
STREET ADDRESS				4.3 S	TREET ADDRESS			
CITY-SI-ZIP			·		ITY-ST-ZIP			
TITLE			☐ DE	LETE 5.1 T	i		Change Addition	
NAME				5.2 N	1			
STREET ADDRESS					TREET ADDRESS			
CITY - S1 - ZIP			D		CITY-ST-ZIP		Change Addition	
TITLE	1		□ D	l l	Į		CT CHANGE CT MODERIUM	
NAME STREET ADDRESS					IAME TIBEET ADDRESS			

6.4 CHY - ST - ZIP 14. To 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 suppliemental 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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

-John Therien SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-278-0356

FILED

Jan 14 1997 8:00am

Secretary of State