

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

**FILED**  
**Feb 01, 1999 8:00 am**  
**Secretary of State**

02-01-1999 90016 008 \*\*\*150.00

|                                                                                    |                                                                                   |                                                                                                                 |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                       |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # K45167</b><br>1. Corporation Name<br><b>FIFTH AVENUE GRILL, INC.</b> |                                                                                   |                                                                                                                 |

Principal Place of Business  
 821 S.E. 5TH AVENUE  
 P.O. BOX 790  
 DELRAY BCH. FL 33447-7790

Mailing Address  
 P O BOX 790  
 P.O. BOX 790  
 DELRAY BEACH FL 33447-0790  
 US

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/15/1988**

4. FEI Number  
**65-0087826**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**PERRY, MARK A**  
**50 SE 4TH AVENUE**  
**DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | THERIEN, JOHN              |                                 |
| STREET ADDRESS | 551 S.E. 8TH ST., STE. 503 |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33483      |                                 |
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | BLUM, THOMAS R.            |                                 |
| STREET ADDRESS | 551 S.E. 8TH ST., STE. 503 |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33483      |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          |                                                                   |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE          |                                                                   |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE          |                                                                   |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE          |                                                                   |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE          |                                                                   |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Therien, Pres.

2-26-99

561/278-0356

Daytime Phone #

CR2E034 (1/98)