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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90007 033 ***150.00

i. Corporation	MENT # K86521 PUB & GRILL, INC.	l					
SHVIDO S	rob & Grill, INC.						
Principal Place of Business Mailing Address) iggistif and igner and its a		
4900 W HALLANDALE BCH BLVD 4900 W HALLANDALE BCH							
#A1 #A1 PEMBROKE PARK FL 33023 PEMBROKE PARK FL 33023					DO NOT WRITE IN THIS SPACE		
PEMBRUAL PAI	N FL 33023	TEMPHORE TAIN TE GOODS			3. Date Incorporated or Qualifed 05/04/1989		_
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21	1 26				65-0119156		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22						Fee Re	
City & State City &		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	-
Zip			Country		8. This corporation owes the current year		п .
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	8-	1 Name	10. Name and Address of New Registere	a Agent	
RIEDY, KIM				I I I I I I I I I I I I I I I I I I I			
	W. HALLANDALE BCH BLVD.		82	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	PEMBROKE PARK FL 33023						
			8:		7	*	
			84	4 City	F	85 Zip C	Code
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered Age	ent signature requin	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	DRS IN 12
12.	PVS	DELETE	11 TITLE		ADDITIONAL PROPERTY OF THE LACE.	Change	Addition
NAME	RIEDY, KIM M.	_	1.2 NAME				
STREET ADDRESS	4900 W. HALLANDALE BCH. BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PARK FL		1.4 C/TY-	ST-ZIP			
TITLE	TD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	KIM M. RIEDY		2.2 NAME	:			
STREET ADDRESS			2.3 STREI	ET ADDRESS			
CITY-ST-ZIP	PEMBROKE FL		2. 4 CITY-		<u> </u>	☐ Change	Addition
TITLE	DELETE		31 TITLE	ł			Las radium
NAME			3.2 NAME	ET ADDRESS			
STREET ADDRESS			3.4. CITY-	ł			
CITY-ST-ZIP TITLE	DELETE		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-\$T-ZIP			4.4 CITY-	ST-ZIP			
TITLE						Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ Delete	5.4 CITY- 6.1 TITLE			☐ Change	Addition
TITLE		DELETE	6.2 NAME			□ Criange	
NAME			I .	ET ADDRESS			
STREET ADDRESS			6.4 CITY-				
CITY-ST-ZIP	i e			ı			

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: