PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19703

1. Corporation Name

PEP'S SEA GRILL, INC.

Principal Place	e of Business	Mailing Address			
1556 US HWY 1		622 182ND AVENUE			
JUPITER FL 33469		REDINGTON SHORES FL 33708			DO NOT WRITE IN THIS SPACE
US	•				3. Date Incorporated or Qualifed
					10/02/1989
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21	•	26			59-2981872 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	•	27			5. Certificate of Status Desired Fee Required
City & State	9	City & State		_	6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	<u> </u>	ountry		8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. ☐ Yes No
	9. Name and Address of Current	Registered Agent	04	Mana	10. Name and Address of New Registered Agent
CHIV	AC EDANIA		81	Name	.me
CHIVAS, FRANK 622-182ND AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)		
NEU	NGTON SHORES FL 33708		83		
-			84	City	y 85 Zip Code
			$oldsymbol{\perp}$		FL
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was authoriz	ea by	the corp	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent			nt signature	ture required when reinstating) DATE A PROTTICAL COLUMN SECTION OF SECTION AND DIRECTORS IN 12
12.	OFFICERS AND		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	•				
NAME	CHIVAS, FRANK 622 182ND AVENUE		NAME		rea .
STREET ADDRESS		1		TADDRESS	ESS
CITY-ST-ZIP	REDINGTON SHORES FL		CITY-S	I-ZIP	. Change Addition
TITLE		_			, J
NAME			NAME		
STREET ADDRESS				T ADDRESS	ESS
CITY-ST-ZIP			4 CITY-5	sr-ZIP	☐ Change ☐ Addition
TITLE			TITLE		
NAME			NAME	TADDRESS	nee
STREET ADDRESS		<u> </u>	6. CITY-8		E33
CITY-ST-ZIP			I. CITY-S	31-638	Change Addition
TITLE NAME		_	2 NAME		
				1 ADDRESS	FSS
STREET ADDRESS	••		CITY-S		
CITY-ST-ZIP			TITLE	· Lir	Change Addition
NAME	•	_	NAME		
STREET ADDRESS		5.7	STREE	T ADDRESS	IESS
		5/	CITY-S	T-ZIP	
CITY-ST-ZIP			TITLE		☐ Change ☐ Addition
NAME			2 NAME		, i

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 man attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIREE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99 727-391-405

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90054 003 ***150.00