


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L20690 (8)  
1. Corporation Name  
SNEEKIE PETE'S RAW BAR AND SALOON, INC.

Principal Place of Business 2132 W. OAKLAND PARK BLVD. OAKLAND PARK FL 33311	Mailing Address 2132 W. OAKLAND PARK BLVD. OAKLAND PARK FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1989	
21		26		4. FEI Number 59-2974086	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PUCCIA, DUANE C. Person 1909 N.W. 78TH AVENUE MARGATE FL 33083		10. Name and Address of New Registered Agent	
		81. Name PETER C. PUCCIA	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	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 4-9-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	PUCCIA, DUANE C.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	1909 N.W. 78TH AVENUE	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	MARGATE FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	PUCCIA, PETER C.	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	1909 NW 78TH AVE	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	MARGATE FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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.

SIGNATURE 

CR2E034 (10/97)