

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 27 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L37924**
1. Corporation Name

ALL STARS SPORTS GRILL, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3050 N. Horseshoe Dr.	26	3050 N. Horseshoe Dr.	December 19, 1989	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 105		27 Suite 105		65-0168098	
City & State		City & State		Applied For	
23 Naples, FL		28 Naples, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24	34104	29	34104	<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25	USA	30	USA	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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

10. Name and Address of New Registered Agent

81	Name
Anthony W. Ridgway	
82	Street Address (P.O. Box Number is Not Acceptable)
3050 N. Horseshoe Dr.	
83	Suite 105
84	City
Naples	
85	Zip Code
FL 34104	

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 *Anthony W. Ridgway* Anthony W. Ridgway, V. President 4/24/98
Signature: typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Suzanne P. Honeycutt
STREET ADDRESS		1.3 STREET ADDRESS	7011 Sandlewood Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Naples, FL 34119
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Anthony W. Ridgway
STREET ADDRESS		2.3 STREET ADDRESS	2455 Lantern Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	A. Beirne Brown
STREET ADDRESS		3.3 STREET ADDRESS	777 Central Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	300002503983--2
STREET ADDRESS		4.3 STREET ADDRESS	-04/28/98--01118--024
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or in an attachment with an address.

SIGNATURE *Anthony W. Ridgway* Anthony W. Ridgway, V. Pres. 4/24/98 (941) 643-3302
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/97)