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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE DOWNTOWNER RESTAURANT OF AUBURNDALE, INC.

1112 50	, , , , , , , , , , , , , , , , , , ,			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	((10, 122)												
Principal Place	e of Busines	s		N	failing Ad	Idress					1							ji
117 E. LAKE AVE. AUBURNDALE FL 33823					P.O. BOX 9214 WINTER HAVEN FL 33883 US						DO NOT WRITE IN THIS SPACE							
US				,	55						_	Date Incorporated or Qu 04/30/1990	alified					
2. Principal Pl	25	2a. Mailing Address							V4/30/1980 FEI Number				Ар	plied F	or			
21					26						"	59-3004633					t Appli	
Suite, Apt. #, etc.					Suite, Apt. #, etc.							Certificate of Status Des	ired	X			ddition	
22					27						3.	Definicate of Status Des					dnited	
City & State				28	City & State							Election Campaign Final Trust Fund Contribution	ncing				May B	
Ζiρ	Country							ountry			8. This corporation owes or has paid the current year Intangible							
24	25			29							Personal Property Tax due June 30. L. Yes L. No. 10. Name and Address of New Registered Agent							
g, Name and Address of Current F					agistered Agent			81 Name			10.	Name and Address of	NOW IN	a Bistera	O Agent			
	RALD E. B.																	
6750 WINTERSET GARDENS DR.								82 Street Addre			ess (P.0	O. Box Number is Not A	ccepta	.ble)				
3819 GAINES DR. Winter Haven Fl 33884								83	3							•• ••••		
MINIEW LIVACIA LE 22004										A.						7:- 7	N	n
								84	(City				F	L 85	Zip C	-oae	
office or re	enistered ac	ant or b	oth, in the State o	of Flor	ida Such	i change wa	as authoriz	ed by	rth	named corpo	oration on's bo	submits this statement pard of directors. I hereb	for the	purpose ept the a	of chang	ging its	s regist	tered red
agent. I a	m familiar w	ith, and a	accept the obligat	lions i	of, Section	1 607 050 5,	Florida St	atutes	3.				,				-	
SIGNATURE	Signature, typod	for printed r	name of registered agen	t and til	e il applicabl	e [f	NOTE Registe	red Age	nt s	signature requires	d when re	einstating)		DATE				
12.			OFFICERS AND	DIRE	CTORS		13				Al	DDITIONS/CHANGES TO	O OFFI	CERS A				
TITLE	P					☐ DELETE	1.1	TITLE							☐ Ch	ange	☐ A	ddition
NAME	BAIER, (1.2	NAME										
STREET ADDRESS 6750 WINTERSET GARDEN RD.								1.3 STREET ADDRESS										
CITY-ST-ZIP	WINTER	HAVEN	I FL			DELETE		CITY-S	J - Z	ZIP					Ch		A	ddition
TITLE	VP.	A T				☐ DELETE		TITLE		ļ						ange	L. 1 M	TOITIOH
NAME								2.2 NAME										
STREET ADDRESS 5004 RIVERLAKE DR. CITY-ST-ZIP WINTER HAVEN FL								2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP										
CITY-ST-ZIP TITLE	ST	HAVEN	<u> FL </u>			DELETE		TITLE)!-	Zir					Ch	ange	Ac	ddition
NAME	MERRILI	TERR	BF I			_		NAME										
STREET ADDRESS	334 VAI	_,					3.3	STREET	ΑD	DAESS								
CITY-ST-ZIP	WINTER						3.4.	CITY-S	i	ZIP								
TITLE						DELETE	4.1	TIFLE							Ch	ange	☐ Ad	ddition
NAME							4. 2	NAME										
STREET ADDRESS							4.3	STREE1	AD	ORESS								
CITY-ST-ZIP						rii saraa		CITY-S	7 - 7	ZIP								1100-
TITLE						☐ DELETE		TIFLE							∐ Ch	ange	шж	ddition
NAME								NAME										
STREET ADDRESS								STREET		ì	-	. 4						
CITY-ST-ZIP TITLE						DELETE		CITY-S' TITLE	1 - 2	zir					☐ Ch	ange	_ A	ddition
NAME								NAME							3.,			
STREET ADDRESS								STREET	ΔD	ODBESS								
CITY-ST-ZIP								CITY-S										
44 Lhoroby c	ertify that th	e inform	ation supplied wil	h this	filing doc	s not qualif	v for the e	remni	lin	n stated in S	Section	119.07(3)(i), Florida Sta	alules.	further	certify th	at the	inform	ation
Indicated officer or o	on this annu director of th	iat rep or i ie cor po i	or supplemental	annu ver or	al report i trustee e	s true and a mpowered	accurate a	nd tha	31 1	my signature	e shall	have the same legal eff / Chapter 607, Florida S	ect as i	if made I	under oa	th, tha	it I am	an

FILED

Feb 13 1998 8:00am

Secretary of State