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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

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DOCUMENT #	172683

1. Corporation Name

PIER 688 RESTAURANT INC.

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Principal Place of Business	Mailing Address	<del></del>			1111 B1811 B1811 B1811 B1811	#1#11 #1#11 1##1
B ELIZABETH A. STEWART 3327 SW 75TH DR 177 S. BROAD ST. BUSHNELL FL 33513 ROOKSVILLE FL 34601 US		DO NOT WRITE	IN THIS SPACE			
				3. Date Incorporated or Qualifed		
· · · · · · · · · · · · · · · · · · ·				05/14/1990		
2. Principal Place of Business	2a. Mailing Address	, ·		4. FEI Number	\— <del>—</del>	pplied For
21	26		<del></del>	59-3007207		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, et	c.		5. Certificate of Status Desired		Additional equired
City & State	City & State			6. Election Campaign Financing	¬ \$5.00	May Be
23			~ , <u>-</u>	Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Cou	ntry	8. This corporation owes the current	t year Intangible	_/
24 25	29	30		Personal Property Tax.	Yes	Ľ <del>I</del> Mo
	s of Current Registered Agent			10. Name and Address of New Reg	sistered Agent	
			81 Name	,		
STEWART ELIZABETH A 33227 SW 75TH DR			82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
BUSHNELL FL 33513			83			
. •			84 City		85 Zip	Code
*					FL	
office or registered agent, or both, leading agent. I am familiar with and accept signature.	n the State of Florida. Such change of the options of Section 607.050	was authorized 05, Florida Stati	tes,	poration submits this statement for the pu ion's board of directors. I hereby accept the	4/19/9	s registered egistered
Signature typed or printed harrie of	registered agent and title if applicable.	AIOTE: Desiment	Agent signature requir		DATE /	
	<del></del>	<del></del>	rigon, signatoro roqui			000 11 40
	FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
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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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP