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

L.	MENT # M3861 E LANDING RESTAURANT,					
Principal Plac	e of Business	Mailing Address	·			EN DIGNE BURN ENDN GIRN 1881
19004-08 NE 29TH AVENUE MIAMI FL 33180-2823		19004-08 NE 29TH AVENUE MIAMI FL 33180-2823		DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified 09/18/1986	
2. Principal P	lace of Business	2a. Mailing Address		<u>-</u>	4. FEI Number	Applied For
21		26			59-2738905	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & Stat	ө	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	y .	8. This corporation owes or has paid the o	urrent year Intangible
24	25		30		Personal Property Tax due June 30.	Yes No
-	g. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Registers	d Agent
	CONNOR, EDWARD					
19004-08 NE 29TH AVENUE			6:	Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33145		8	<u> </u>		
			0	1		
			8	City	F	85 Zip Code
agent. I a	m familiar with, and accept the oblig				proration submits this statement for the purpose ration's board of directors. I hereby accept the a suired when reinstaling.	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE			Change Addition
NAME	CONNOR, EDWARD		1.2 NAME			
STREET ADDRESS	214 DEXTER COURT		1.3 STHE	T ADDRESS		
CITY - ST - ZIP	TAVERNIER FL ST	DELETE	1.4 CITY-	\$1-ZIP		Change Addition
TITLE NAME	COTICCHIO, JR. T	C) DETEIL	2.1 TITLE			Change Addition
STREET ADDRESS	114 SE 13TH STREET		2.2 NAME	T ADDRESS		
CITY+ST-ZIP	DEERFIELD BEACH FL		2. 4 City			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	-S1-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	F [
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	ſ		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY -	ST-ZIP		Channe Addition
TITLE		L., DELETE	6.1 TITLE	- 1		☐ Change ☐ Addition

14. Thereby 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 an attachment with an address.

6.2 NAME 6.3 STREFT ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Swand Romon

30/98 932 1411

FILED

Apr 02 1998 8:00am

Secretary of State

CR2E034 (10/97)