## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 M77323

(7)

DOCUMENT #

1. Corporation Name

J.L.'S SEA GRILL, INC.

APPROVED AND FILED

96 APR 26 AN 10:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Principal Place o   | f Business  | Mailing Address  | Mailing Address     |                    |                                |   |  |           |                   |  |
|---|---|--|---------------------|--------------------|--------------------------------|---|--|-----------|-------------------|--|
| 54 COREY AVENUE<br>P. O. BOX 66159<br>ST. PETERSBURG BEACH FL 33736 |   | 54 COREY AVENUE<br>P. O. BOX 66159<br>ST. PETERSBURG BEACH FL 33736  |                     |                    | Date Incorporated or Qualified | 3a. Date  |  |           |                   |  |
|   |   |  |                     |                    |                                | 04/21/1988  | 05/  | 01/199    | 95                |  |
| 2. Principal Plac   | ce of Business                                    | 2a. Mailing Addres   | 2a. Mailing Address |                    |                                | 4. FEI Number   |  |           | Applied For       |  |
| m]  |   | 26   | 26                  |                    |                                | 59-2893246  |  |           | Not Applicable    |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #,   | Suite, Apt. #, etc. |                    |                                | 5. Certificate of Status Desired  | 5. Certificate of Status Desired Serviced Fee Required |           |                   |  |
| City & State  |   | City & State   | City & State        |                    |                                | Election Campaign Financing     Trust Fund Contribution   | sing \$5.00 May Be Added to Fees                       |           |                   |  |
| Zip 24  | Country 25  | Zip Countr<br>29 30  |                     | ountry             |                                | <ol> <li>This corporation has liability for intangible tax under s 199.032,</li> <li>Florida Statutes ☐ Yes ☐ No</li> </ol> |  |           |                   |  |
|   | g. Name and Address of Curr                       |  |                     | Т                  |                                | 10. Name and Address of New F   | egistered A  | gent      |                   |  |
|   | <u>V</u>  |  |                     | 81                 | Name                           |   |  |           | ļ                 |  |
| ENGLANDER, LEONARD S.<br>5959 CENTRAL AVE                           |   |  |                     | 82                 | Street Ad                      | dress (P.O. Box Number is Not Acceptab  | ile)   |           |                   |  |
| SUITE 20  |   |  |                     |                    |                                |   |  |           |                   |  |
|   | RBURG FL 33710                                    |  |                     |                    | <b></b>                        |   |  | 1217      | 7 . O- d-         |  |
| A)I. PEIE   | ABONG FL 33/10                                    |  |                     | 84                 | City                           |   | FL   | 85 2      | Zip Code          |  |
| 44 Durougat to  | the provisions of Sections 607.05                 | D2 and 607 1508 Florida  | Statutes the al     | oove -             | named com                      | poration submits this statement for the pu  | roose of cha   | nging its | registered office |  |
| or registere  | id agent, or both, in the State of FK             | onda. Such change was a  | autnorizea by trie  | corp               | oration's bo                   | pard of directors. I hereby accept the app  | ointment as  | registere | ed agent. I am    |  |
| •familiar with  | n, and accept the obligations of, Sc              | enon cur.ubub, rionaa a  | statutes.           |                    |                                |   |  |           |                   |  |
| SIGNATURE _   | Signature, typod or printed name of registered as | ent and file it applicable   | (NOTE: Register     | ed Age             | nt signature requ              | lined when reinstating!   | DATE   |           |                   |  |
|   |   | AND DIRECTORS  | T 13                |                    |                                | ADDITIONS/CHANGES TO OFF  | ICERS AND  | DIRECT    | ORS IN 12         |  |
| TITLE   | DST   | DELE   |                     | 1 TITLE            |                                |   |  | Change    |                   |  |
| NAME  | TAPPAN, RICHARD                                   | _  | 12                  | NAME               |                                | ഉവന   | ont:   | <u> </u>  | 2132              |  |
| STREET ADDRESS  | 405 PASADENA AVE S                                |  |                     |                    | T ADDRESS                      |   | 7960   | บีล์ก     | ni3               |  |
|   | ST PETERSBURG FL                                  |  |                     | CITY-              |                                | して C :<br>東東東外内   | 38.75  | ***       | *200.00           |  |
| CITY-ST-ZIP<br>TITLE  | DP  | DELE   |                     | 1 TITLE            |                                |   |  | Change    | e 🔲 Addition      |  |
| NAME  | STROSS, JOHN                                      | 2  |                     | NAME               |                                |   |  |           |                   |  |
| <b>!</b>  | 405 PASADENA AVE S                                |  |                     |                    | 1 ADDRESS                      |   |  |           |                   |  |
| STREET ADDRESS  | ST PETERSBURG FL                                  |  |                     | CITY-              |                                |   |  |           |                   |  |
| CITY-ST-ZIP<br>TITLE  | OT LECHODORO I L                                  | DELE   |                     | 1 TITLE            |                                |   |  | Chang     | e 🔲 Addition      |  |
| NAME  |   |  |                     | NAME               |                                |   |  |           |                   |  |
|   |   |  |                     |                    | ET ADDRESS                     |   |  |           |                   |  |
| STREET ADDRESS  |   |  |                     |                    | ST-ZIP                         |   |  |           |                   |  |
| CITY-ST-ZIP<br>TITLE  |   | [] DELI  |                     | 1 TITLE            |                                |   |  | Chang     | e 🔲 Addition      |  |
| NAME  |   | Name of the latest the |                     | 2 NAME             |                                |   |  |           |                   |  |
| STREET ADDRESS  |   |  |                     |                    | T ADDRESS                      |   |  |           |                   |  |
|   |   |  |                     |                    | SI-ZIP                         |   |  |           |                   |  |
| CHTY-ST-ZIP<br>TITLE  |   | [] DEL   |                     | 1 TILLE            |                                |   |  | Chang     | e 🔲 Addition      |  |
|   |   | ب  |                     | 2 NAME             | I .                            |   |  |           | !                 |  |
| NAME<br>0XDECT 4DDDECC  |   |  |                     |                    | et atidress .                  |   |  |           |                   |  |
| STREET ADDRESS  |   |  |                     |                    | ST-ZIP                         |   |  |           |                   |  |
| CITY-ST-ZIP   |   |  |                     | 1 TIILE            |                                |   | ]  | Chang     | ge 🔲 Addition     |  |
| TiTLE   |   | Lint   |                     | 2 NAME             |                                |   | •  |           | <u>—</u> :        |  |
| NAME  |   |  |                     |                    | ET ADDRESS                     |   |  |           |                   |  |
| STREET ADDRESS  |   |  |                     |                    | 1                              |   |  |           |                   |  |
| CITY-SY ZIP   | and it that the information ourself               | ad with this filing is valual  | 6.                  | a CITY :<br>nd. do | -ST-ZIP  <br>nes not quali     | fy for the exemption stated in Section 11   | 9.07(3)(k), Flo  | orida Sta | atutes. I further |  |

I be hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(4), Florida Statutes, Torrier 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.

NG OFFICER OR DIRECTOR

SIGNATURE:

Date

Daytime Phone #