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 # 1. Corporation Name P37221

(9)

Mailing Address

BAR-B-Q STATS INC.

Principal Place of Business

FILED Apr 15 1998 8:00am Secretary of State

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1652 EAGLE NEST CIR WINTER SPRINGS FL 32708 US		POST OFFICE BOX 195446 WINTER SPRINGS FL 32719			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1992	
	ace of Business	2a. Mailing Address	¬ ·		4. FEI Number Applied For 22-2877295 Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Contillects of Status Registed \$8.75 Additional	
City & State	<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	Countr 30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
011	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Registered Agent	
	ARINO, ANTHONY J. 2 EAGLE NEST CIRCLE		82	82 Street Address (P.O. Box Number is Not Acceptable)		
	ITER SPRINGS FL 32708				Table (1.6) Do Nambo to No. (1.6)	
			83			
			84	City	FL 85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized b orida Statute	y the corp is.	corporation submits this statement for the purpose of changing its registere- poration's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered age			ent signature	required when reinstating) DATE	
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	ZUCKER, WILLIAM F.		1.2 NAME		_ · _	
STREET ADDRESS	178 LONGMEADOW DRIVE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	LOS GATOS CA		1.4 DITY-	ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		L Change L Addition	
NAME			2 2 NAME			
STREET ADDRESS	AND THE COUNTY OF THE			T ADDRESS		
CITY-ST-ZIP TITLE			2. 4 CITY - 3.1 TITLE	51 · ZIP	. Change Addition	
NAME			3.2 NAME		•	
STREET ADDRESS			3 3 STREE	T ADDRESS		
CITY-ST-ZIP			3 4. CITY-	ST - Z(P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CiTY- 5.1 TiTLE	ST-ZIP	Change Addition	
TITLE NAME		L. Detere	5.2 NAME		Overland	
STREET ADDRESS				t address		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	t address		
CITY-ST-ZIP			64 CITY-	ST-ZIP	d in Continue 440 07(0)(5) Floring Cost doe I forther position that the information	

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 informatio 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.

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