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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200003212 (7)

264 - THE GRILL, INC.

	L GINLLI MO		··- ",·	· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business		-	Mailing Address					
264 S. COUNT' Palm Beach I		264 S COUNTY RD PALM BEACH FL 33480	4246		1			
US		US						
					3. Date Incorporated or Qualified 11/05/1992	3a. Date 05/01		aport
1	ace of Business	28. Mailing Address			4. FEI Number			plied For
Suite, Apt.	# ote	Suite, Apt. #, etc.		·····	65-0367625		\$8.75 A	t Applicable
22	π, εισ	27			5. Certificate of Status Desired		Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Re
23		28			Trust Fund Contribution		Added to	
Zip	Country	Ζιρ	Cou	intry	8. This corporation has liability for	intangible tax	under s.	199.032,
24	25	29	30			Yes 🔀		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Age	ent	
	IARINIS, VICTOR			81 Name				
264 S. COUNTRY RD				82 Street Ac	dress (P.O. Box Number is Not Acceptab	ole)		
SUITE T-10				83				
PALI	M BEACH FL 33480			63				
				84 City		FL	85 Zip (Code
11 Purcuant t	to the provisions of Sections 607.05	02 and 607 1508 Florida Sta	tutes the a	hove-named or	orporation submits this statement for the p		anging it	s registered
office or ri	egistered agent, or both, in the State	e of Florida. Such change wa	is authorize	d by the corpo	ration's board of directors. I hereby accep	ot the appoin	tment as	registered
	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Sta	tutes.				Ī
SIGNATURE	Sign at the typical or printed name of registered as	ent and title it applicable. (h	OTE: Registere	d Agent signature re	quited when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND D	RECTOR	S IN 12
Trille	D	DELETE	1.1 7	TLE		Ľ	Change	Addition
NAME	DEMARINIS, VICTOR		1.2 N	AME				
STREET ADDRESS	264 S. COUNTRY RD		1.3 \$	TREET ADDRESS				
CITY - ST - ZIP	PALM BEACH FL		1.4 0	ITY-ST-ZIP				
7171.8		☐ DELETE	2.1 T	TLE			Change	☐ Addition
NAMÉ			2.2 h	AME				Ţ
STREET ADDRESS			2.3 \$	TREET ADDRESS				
City-St-ZiP				CITY-ST-ZIP		<u> </u>		
THTLE		☐ DELETE	3.1 T			L	Change	Addition
NAME			32 N	1				
STREET ADORESS				THEET ADDRESS				j
CITY-ST-ZIP	/	DELETE		TITY - ST - ZIP			Chares	Addition !
TITLE		☐ DELETE	4.1 7	1		L	J Change	☐ Addition [
NAME			4.21	I .				
STREET ADDRESS				TREET ADDRESS				
CITY+S1+ZIP TITLE		DELETE	4.4 C	TLF			Change	Addition
NAME		C) specie	5.2 1			L	, onsinge	
STHEET ADDRESS				TREET ADDRESS		1		
CITY-ST-ZiP				ITY-ST-ZIP				
TITLE		DELETE	5.4 L			Г	Change	Addition
NAME			6.2 N	1				
STRÉET ADDRÉSS				TREET ADDRESS				1
CITY - ST - ZIP				ITY-ST-ZIP				

14. If of 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 of changed, or on an attachment with an address.

SIGNATURE:

Vil De Mastrillie

4-23-97 56/-833-4444

FILED

Apr 30 1997 8:00am

Secretary of State