May 24, 1999 8:00 am Secretary of State

05-24-1999 90028 040 \*\*\*150.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200003212

1. Corporation Name

Principal Place of Business

264 - THE GRILL, INC.

264 S. COUNTY RD. PALM BEACH FL 33480 US		264 S COUNTY RD PALM BEACH FL 33480 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  11/05/1992					
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		T	Ap	plied For
21		26			65-0367625		$\perp$	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status De	esired	•		Additional	
22		27	27			5. Certificate of Status De		F	ee Re	quired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	<u> </u>			Trust Fund Contribution	ภ 🗀	A	ded t	o Fees
Zip	Country	Zip	Country	ļ		8. This corporation owes the current year Intangible				
24	25	29 30	30			Personal Property Tax	<u> </u>	Ye		<b>⊠</b> No
	9. Name and Address of Curre	nt Registered Agent		т.		10. Name and Address of	of New Registered A	gent		
	ARINIS, VICTOR		81	N	lame					
		82 Street Address (P.C			dress (P.O. Box Number is Not	Acceptable)				
1	S. COUNTRY RD					<u> </u>	<u> </u>			
	E T-10		83	1						
PALI	A BEACH FL 33480		84	-			<del>-</del>	85	Zip (	Code
				i	•	_	FL		•	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Singalure broad of profiled name of registered agent and little if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE										
	Signature, typed or printed name of registered age		<u> </u>	nt sig	nature requi	. <u> </u>		\ DID	ECTC	DC IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES			ange	Addition
) TITLE	D	D DECE IE						□ •	, all 190	
NAME	DEMARINIS, VICTOR		1.2 NAME							
STREET ADDRESS	264 S. COUNTRY RD		1.3 STREET							
CITY-ST-ZIP	PALM BEACH FL	E) DELETE	1.4 CITY- S		P			□ Cr	2000	Addition
I TITLE !		☐ DELETE	2.1 TITLE		- 1				anye	[] Addition
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET A		DRESS					Į
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				TT CH		Addition
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NAME		1	3.2 NAME							
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CITY-ST-ZIP			3.4. CITY-ST-ZIP		IP .					(**) A 4 4345==
TITLE		☐ DELETE	4 1 TITLE					☐ CI	iange	Addition
NAME		3		4. 2 NAME						
STREET ADDRESS			4.3 STREE		DRESS					
CITY-ST-ZIP			4.4 CITY-S	ST-ZIF	Р					
TITLE		☐ DELETE	5.1 TITLE		Ì			Пс	hange	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	ET ADO	ORESS					
CITY-ST-ZIP			5.4 CITY-S		Р					
TITLE	I	☐ DELETE	6.1 TITLE					□cı	hange	Addition
NAME			62 NAME		ĺ					
PERCET ADOPTOR			6.3 STREET	T AD	DRESS					

14. 1 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

STREET ADDRESS

CITY-ST-ZIP

REWILTOFILLE MARINIS 561- 833-6444