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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P92000015115

LOUISIANA BISTROS, INC.

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90072 029 \*\*\*150.00



Principal Place of Business			ailing Address			1 10011001	HA IBİTA HAH ZONI ODI	RT MRST ÁMINT 3	1001 63161 111	181 11881 BHI 188	11	
13180 N CLEVELAND AVE		131	13180 N CLEVELAND AVE									
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NORTH FORT MYERS FL 33903		NO	NORTH FORT MYERS FL 33903				DO NOT WRITE IN THIS SPACE					$\neg$
								orated or Qualifed				-
							01/01/199 4. FEI Number			τ Γ	Analisal Cas	
2. Principal Pl	ace of Business		Mailing Address								Applied For	lo.
21		26	0 % 4 #				65-03768	00			Not Applicable Additional	·
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certifcate of	Status Desired			Required	
City & State			City & State				6. Election Can	npaign Financing	<b>.</b>		<b>0</b> May Be	- {
23		28	28				Trust Fund C	ontribution	· · · · · ·	- Adde	d to Fees	
Zip	Country		Zip		untry			tion owes the curre	ent year Inta			
24	25	29		30			Personal Pro			Yes	□No	_
	9. Name and Address of Current	Regis	tered Agent		04		10. Name and A	Address of New R	(egisterea /	Agent		
CVA	DMATHY IAMES D				81	Name			1			ļ
Gyarmathy, James P 13180 n Cleveland Ave Suite 111						Street Addr	ddress (P.O. Box Number is Not Acceptable)		,			
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NOR	TH FORT MYERS FL 33903				84	City		<del></del>		85 Zi	p Code	$\dashv$
	to the provisions of Sections 607.0502						., .		FL	.	,	-
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SIGNATURE	m familiar with, and accept the obligation					<u>.</u>	ed when reinstating)		DATE .			
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14. I 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 of the received 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.

SIGNATURE:

James B Gyarmathy

4 President