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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044620

1. Corporation Name

CEDAR RIVER SEAFOOD OF ORLANDO, INC.

Pri	in	_	in	а	Place of	Business

Mailing Address

May 07, 1999 8:00 am Secretary of State

05-07-1999 90081 020 ***150.00



2. Principal Place of Business. 2. Mailing Address 3. Date incorporate or Qualified 0. (2019) 14	7101 S ORANGE ORLANDO FL 3		7101 S ORANGE BLOSSOM TR ORLANDO FL 32809				DO NOT WRITE IN THIS	SPACE	
Sulfo, Apt. #, etc.							3. Date Incorporated or Qualifed		
Sultio, Apt. #, etc. 22 Sultio, Apt. #, etc. 23 Sultio, Apt. #, etc. 23 City & State 25 City & State 25 City & State 26 Space State 26 Space State 27 Country 28 Space Spac	2. Principal Pl	ace of Business,	2a. Mailing Address					A	pplied For
City & State City & Country Zip Country Zip Country Zip Country Zip City & State City & City & State City & City & State City & St	21		26				<u>59-3195331</u>		
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	•	
Zijp	22		27				S. Commodic of Citation District	Fee F	Required
28	City & State)	City & State				6. Election Campaign Financing		
28	23						Trust Fund Contribution	Added	to Fees
9. Name and Address of Current Registered Agent F & L CORP 200 LAURA STREET JACKSONVILLE FL 32202 82 Sireet Address (P.O. Box Number is Not_Acceptable) A J ACKSONVILLE FL 32202 83 City FL 85 Ziro Corén 11. 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 legistered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the spinstered office or registered agent, and accept the obligations of, Section 607 6056, Florida Statutes, the above-named corporation submits this statement for the purpose of changing legistered agent, and accept the obligations of, Section 607 6056, Florida Statutes, and the corporation's board of directors. Thereby accept the spinstered agent, and accept the obligations of, Section 607 6056, Florida Statutes, the above-named corporation submits this statement for the purpose of changing legistered agent, and accept the obligations of, Section 607 6056, Florida Statutes, the above-named corporation submits this statement for the purpose of changing legistered agent, and accept the obligations of sections of sections of section 607 6056, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is settled and accept the purpose of changing is settled and accept the purpose of changing and set registered agent, and accept the purpose of changing as registered agent, and accept the purpose of changing and a	Zip	Country	<u> </u>	Country			•		□N ₀
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F & L CORP 200 LAURA STREET JACKSONVILLE FL 32202 B2 Street Address (P.O. Box Number is Not_Acceptable)		9. Name and Address of Current	Registered Agent	91	Nam		10. Name and Address of New Registered	Aeur	
200 LAURA STREET JACKSONVILLE FL 32202 82 Street Andress (P. O. Box Number is Not Acceptable) A7 83 A8 City FL B5 Zip Cords 84 City FL B5 Zip Cords 85 Zip Cords 86 City FL B5 Zip Cords 87 City FL B5 Zip Cords 88 City FL B5 Zip Cords 89 City FL B5 Zip Cords 80 City FL B5 Zip Cords 81 City FL B5 Zip Cords 82 City FL B5 Zip Cords 83 City FL B5 Zip Cords 84 City FL B5 Zip Cords 85 Zip Cords 86 City FL B5 Zip Cords 87 City FL B5 Zip Cords 88 City FL B5 Zip Cords 89 Zip Cords 89 Zip Cords 80 Zip Cords 80 Zip Cords 81 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 81 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 82 Zip Cords 84 City FL 85 Zip Cords 84 City FL 85 Zip Cords 86 City FL 87 Zip Cords 87 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 88 Zip Cords 89 Zip Cords 80 Zip Cords 80 Zip Cords 80 Zip Cords 80 Zip Cords 81 Zip Cords 82 Zip Cords 83 Zip Cords 84 Zip Cords 85 Zip Cords 86 Zip Cords 87 Zip Cords 87 Zip Cords 88 City FL 89 Zip Cords 80 Zip Cords 81 Zip Cords 82 Zip Cords 83 Zip Cords 84 Zip Cords 85 Zip Cords 86 Zip Cords 87 Zip Cords 87 Zip Cords 88 Zip Cords 89 Zip Cords 80 Zip Cords 81 Zip Cords 82 Zip Cords 83 Zip Cords 84 Zip Cords 85 Zip Cords 86 Zip Cords 87 Zip Cords 87 Zip Cords 87 Zip Cords 88 Zip Cords 89 Zip Cords 80 Zip Cor	FRI	CORP			INGIII	16	_		
JACKSONVILLE FL 32202 B3 City TL B3 City TL B5 City TL City City TL				82	Stre	et Address			-
11. 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, in an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protein name of registered name of regis				83	<u> </u>	_	e in the collision (Medison Co., graph Co., 1971) - 5-47	<u></u>	97 <u>, 252-5 2.22 - 1 - 1</u>
11. 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, in an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protein name of registered name of regis	5. 1.5.			"			1		
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept rite appointment as registered agent, and tacnifier with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12		- th i	and 607 4509 Florido Statutos	the above	0.0000	ed corpora	ation submits this statement for the nurnose of a	hanging it	s registered
Signature, typed or printed name of registrate agent and tild it applicable. (NOTE: Registrated Agent signature registrated Agent signature registrated when remitating) (NOTE: Registrated Agent signature registrated Addition Agent A	office or re	egistered agent, or both, in the State of	i Florida. Such change was autho	onzea by	the co	rporation's	s board of directors. I hereby accept the appoir	tment as r	egistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	SIGNATURE	Signature, happed or printed name of registerent agent	and title if applicable (NOTE: Rec	istered Ager	nt signatu	re required wh	hen 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 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 adachment with an address with all otherlike empowered.

SIGNATURE:

CITY-ST-ZIP