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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

## **FILED** Apr 20 1998 8:00am Secretary of State

	MENT # P9300 RESTAURANT CORP.	0080640 (4)			1111 1811 <del>1</del> 1811 1811 1811
Principal Place of Business Mailing Address				I IRAHADA INU URIGA AMIN' DANK BUNI BUNI BUNI BUNI BUNI BUNI BUNI BUNI	0011 00110 0KK 0K01 001 001 1001
6518 GATEWA		6518 GATEWAY AVE			
SARASOTA FL 34231 SARASOTA FL 34231				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				11/16/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0449486	Not Applicable
Suite, Apt.	<b>#, etc</b> .	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6 Station Compaign Financing	·
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	d Agent
Sas, John 8 6518 gateway ave Sarasota Fl. 34231				dress (P.O. Box Number is Not Acceptable)	
			83		ļ
			84 City	F	85 Zip Code
11. Pureuant	to the provisions of Sections 607.09	502 and 607 1508. Florida Stati	utes, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
agent. I a SIGNATURE	m familiar with, and accept the obling state of the obling state of the state of th	igations of, Section 607.0505, F	Florida Statutes.  TE Registered Agent signature requ  13.		:
TITLE	D	DELETE	1.1 TITLE	. 100/110/10/04/04/04/04/04/04/04/04/04/04/04/04/04	Change Addition
NAME	SAS, JOHN S		1.2 NAME		
STREET ADDRESS	6518 GATEWAY AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP		
THLE	D	DELETE	2.1 TITLE		Change Addition
NAME	SAS, LARAE M		2.2 NAME		
STREET ADDRESS	6518 GATEWAY AVE		2.3 STREET ADDRESS		}
CITY-ST-ZIP	SARASOTA FL 34231	DELETE	2 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		LI Guarde LI Vanigati
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-\$T-2IP		
TITLE	***	DELETE	4.1 TITLE	11 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change
NAME			6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		
PITY - CT - 710	İ		64 CITY - ST - 7IP		

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 attachment with an address.

SIGNATURE: