FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS P93000087441 (0) DOCUMENT # 1. Corporation Name

BYRON'S GRILL, INC.

Principal Place of Business Mailing Address						1 EDIN GANTI (BAN 1881) BIRN BIRN 1188) 1181 1781
701 N. ATLANTIC AVE. 701 N. ATLANTIC AV DAYTONA BEACH FL 32118 DAYTONA BEACH F						
					3. Date incorporated or Qualified 12/22/1993	3a. Date of Last Report 03/31/1995
Principal Place of Business 2a. Mailing Address 26			172/		4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3223653	Not Applicable
22	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Count	У	8. This corporation has liability for in	langible tax under s. 199.032,
24	9. Name and Address of Cur	rent Registered Agent	30		Florida Statutes 🔀 Yes	****
	T. Hame and Rubless Of Cul	rem negistered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent
DIMITE	MKOPOULOS, GEORGE					
5 CHIPPINGWOOD LANE ORMOND BCH FL 32176			8:	2 Street Ac	dress (P.O. Box Number is Not Acceptable	
			8:	3		
			8-	1 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0	502 and 607 1508. Flooda Sta	atutes the above	named com	oration submits this statement for the purp	FL
	ed agent, or both, in the State of Fl h, and accept the obligations of, S			poralion's bo	oration submits this statement for the purp- ard of directors. I hereby accept the appoi	ose of changing its registered office that itment as registered agent. I am
	r, and accept the obligations of, 5	Riction corrupopa, Florida Stati	nes			
SIGNATURE _	Signative, typed or printed name of registered a	jeztwick the it as pikinten	(NOT: Ragistered Au	ert si grafice regu	end when early attract	DATE
12.	·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
Title	P DIMITRAKOPOULOS, GEORGE		: 1 TITLE			
NAME			1.2 NAMS			
STREET ADDRESS	5 CHIPPINGWOOD LANE	•	1.3 STREE	T ADORESS		
CITY-ST-ZIP	ORMOND BCH FL		14 CiTY -			
TITLE	ST DOLLTON DIMITE	⊠ DELETE	2 1 117.6			Change Addition
NAME CERCEL ADORSOS	POLIZOS, DIMITRI 3020 ROLLINS AVE		2.2 NAME			ļ
STREET ADDRESS	DAYTONA BEACH FL			T ADDRESS		
CITY - ST - ZIP TITLE	DATIONA BEAUTIFE	☐ DELETE	2.4 CiTy -		999	
NAME		E-A OLUCIE	3 1 TITLE 3 2 NAME	i i	ST Dimit Takanawilan Atha	Change 🔀 Addition
STREET ADDRESS				1 ADORESS	Dimitrakopoulos, Athai 2801 N. Halifax #23	
CITY-ST-ZIP			3.5 SINE			
TITLE		T DELETE	4 1 TUTLE		Daytona Beach, FL 3	Change Addition
NAME			4 2 NAME			Change Addition
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			4.4 C-TY -			
TITLE		DELETE	5 1 TILE			Change Addition
NAME			5.2 NAMe			Et surange Et voortot
STREET ADDRESS				T ADORESS		
CITY - ST - ZIP			5.4 Cifty -			
TITLE		DELETE	6 1 TIFLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS				LADDRESS		

64 CHTY-ST ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this argual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the cornoration 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 3 it et anged or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-257-6606