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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P94000020832 (9)

APOLLO OCEAN VIEW RESTAURANT, INC.

FILED Apr 21 1997 8:00am Secretary of State

Principal Place of Business 800 \$. COLLIER BLVD. MAROO ISLAND FL 33937		Mailing Address 900 S. COLUER BLVD. MARCO ISLAND FL 34145-6331				
			_		3. Date Incorporated or Qualified 03/14/1994	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0482083	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country Zip		Counti	ry	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Curre	nt Registered Agent		T :	10. Name and Address of New Re	gistered Agent
	verhase, gerold		8	1 Name		
175 SOCIETY CT.			8:	2 Street Add	fress (P.O. Box Number is Not Acceptab	ole)
MAR	ICO ISLAND FL 33937		8	2		
			١٠,	'		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	12 and 607, 1508. Florida Sta	tutes the above	ve-named cor	poration submits this statement for the r	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblid	of Florida. Such change wa	is authorized to	by the corpora	poration submits this statement for the pation's board of directors. I hereby acce	pl the appointment as registered
•	in tarnilar with, and accept the doing	pations of, Socion 607.0305,	rionoa statut	30.		
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicative (N	VOTE: Registered A	gent signature requ	vired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 Trille			Change Addition
NAME	SPIESS, FRANK		1.2 NAME			
STREET ADDRESS	900 S. COLLIER BLVD.		1.3 STRES	et Address		
CITY-ST-ZIP	MARCO ISLAND FL 33937		1.4 CITY-			
TITLE	VP	☐ DELETE	2.1 TITLE	í		Change Addition
NAME	SPIESS, MARC		2.2 NAME			
STREET ADDRESS	900 S. COLLIER BLVD.			ET ADDRESS		
CITY-ST-ZIP	MAICO ISLAND FL 33937		2. 4 CITY 3.1 TITLE			Change D Mathies
TITLE		•		ĺ	,	☐ Change ☐ Addition
NAME OTOUT ADDRESS			3.2 NAME			
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. C/TY 4 1 1/1LF			Change Addition
NAME I			4 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		
TITLE			5.17111.6			Change Addition
NAME			5.2 NAME	i		•
STREET ADDRESS				ET ADDRESS		1
CITY-\$1-ZIP			5.4 CHY-			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	:		
STREET ADDRESS				ET ADDRESS		

14. I do 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 roceiver 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.

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