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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400031625 (4)

OAK CREEK GRILLE, INC.

Principal Place of Business Mailing Address				T TO BELLOUR THE FREE DIGIT OF DISTRIBUTE OF THE	<b>88786</b> (41 <b>8</b> ) (1878 8) (18 1) 88) 83) (188)
9000 BONITA BI BONITA SPRING		9800 Bonita Beach Ro Bonita Springs FL 341			
				3. Date Incorporated or Qualified 04/22/1994	3a. Date of Last Report 05/01/1996
_	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ato	Suite, Apt. #, etc.		65-0498310	Not Applicable
22	#, <del>8</del> 10.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re-	gistered Agent
	KS, CLIFFORD J		81 Namo		
	BONITA BEACH ROAD		B2 Street Acid	dress (P.O. Box Number is Not Acceptab	ole)
BONITA SPRINGS FL 33923					·
			83		
			84 City		85 Zip Code
44 Diggs and	to the provisions of Costons 507 05	02 and 607 1500 Florida Olal	Lutes the observed on	rporation submits this statement for the p	FL   15   210 Code
office or re	egistered agent, or both, in the State	e of Florida. Such change wa	s authorized by the corpora	ation's board of directors. Thereby accep	of the appointment as registered
	m familiar with, and accept the oblig	jations of, Section 607.0505, I	Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (N	OTC: Registered Agent signature requ	uited when reinstating)	DATE
12.		ND DIRECTORS	18.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 ) THILE		Change Addition
NAME	YORKS, CLIFFORD J		1.2 NAME		
STREET ADDRESS	9800 BONITA BEACH ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2 1 TITLE		Change  Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		Ell olidings Ell yidolitan
STREET ADDRESS	!		3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		DELETE	5.1 TALE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP	•	- OSIGIF	5.4 CITY- \$1 - ZIP		
TITLE		DELFTE	61 INLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			G 3 STREET ADDRESS		
14. I do heret	ov certify that the information supplie	ed with this filma does not ou	6.4.0/TY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio	n indicated on this annual report or fficer or director of the corporation on n Block 12 or Block 13 if changed, o	supplemental annual report is or the receiver or trustee empt	s true and accurate and the owered to execute this repr	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under eath; that statutes; and that my name

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**FILED** 

May 05 1997 8:00am

Secretary of State