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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P94000034146 (8)

BAYI	REE BAR & GRILLE, IN	C.						i 1489 91910 844 1881
Principal Place	of Business	Mailing Address			·		<u> </u>	
771 HIBISCUS DR 771 HIBISCUS DR SATELLITE BEACH FL 32937-2547 SATELLITE BEACH F				32937-2547				
2 Principal Pl	ace of Business					3. Date Incorporated or Qualified 05/02/1994	3a. Date of Last 08/15/	
21	ace or Business	h1 ~	2a. Mailing Address 26			4. FEI Number		Applied For
Suite, Apt.	# etc	····				59-3325526		Not Applicable
City & State		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		City & State				Election Campaign Financing     Trust Fund Contribution		00 Мау Ве
Zip	Country	Zip	Cou	ntry		This corporation has liability for in	Add	e 199 032
24	25	29	30			Florida Statutes 💢 Yes 🔲 No		
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New R	egistered Agent	<del></del>
CICATO	000 DAME T			81 Nar	ne			
	DOS, DAVID T BISCUS DR		ļ	<b>82</b> Stre	et Address (P.O. Box Number is Not Acceptable)			
SATELLITE BEACH FL 32937-2547			ŀ	83	····-			
J. 17 <b></b>	21.6 25.1011 1 5 0500\ 204\							
			ļ	84 City				?ip Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the abo	/e-named	Corporati	on submits this statement for the purp		registered office
familiar with	n, and accept the obligations of, S	iorida (Such change was authoriz lection 607.0505, Florida Statutes	ted by the o s.	orporation	n's board	on submits this statement for the purp of directors. I hereby accept the appo	intment as registere	d agent. I am
SIGNATURE								
12.	Signature typed or printed hame of registered a		Registered	Agerit signati	rd required wi		DATE	
TITLE	D	OFFICERS AND DIRECTORS 13.		~		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 12
NAME	SIGAFOOS, DAVID T		1. 1 TITLE				☐ Change	☐ Addition
STREET ADORESS	771 HIBISCUS DR		1.2 NA		_			
CITY-ST-ZIP	SATELLITE BEACH FL 32	937-2547		EFT ADDRES	8			
TITLE		[] DELETE	2 1 TII	Y-ST-ZIP			F3 0t	
NAME		•—	2.2 NA			esident	☐ Change	Addition
STREET ADDRESS				EET ADORES	SIZZ	awn Sigafoos		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		۱//- ۲/-	Hibiscus Drive		
TITLE		☐ DÉLETE	3 1 TITLE		Sai	tellite Beach, Flori	ida 🗍 Change	Addition
NAME			3 2 NA	15				L., Addition
STREET ALIDRESS			3 3. ST	EET ADDRES	s			
CITY+ST-ZIP			3.4 CIT	- ST- ZIP	₫			
INTLE	☐ DELETE			4. 1 TITLE			☐ Change	Addition
NAME			4 2 NAN	IE				_
STREET ADDRESS			4.3 S1R	EFF ADDRES	3			
CITY-ST-7IP		FT DECENE		- ST- ZIP	-			
IAME		DELETE	5. 1 111				Change	Addition
TREET ADDRESS			5.2 NAM					
CITY-SI-ZIP				ET ADDRES:	,			
ITLE	DELETE			5.4 City-St-ZiP 6. 1 Title			FT A	
IAME		<u></u>	6.2 NAM				Change	☐ Addition
TREET ADDRESS			ľ	ET ADDRESS	. [			
CITY+ST-ZIP			6.4 CITY	. \$1 7 <sub>1</sub> 0				
4. I do hereby o	certify that the information supplier	d with this filing is voluntarily furnis		·	ualify for th	e exemption stated in Section 119.07	(3)(k), Florida Statut	es I further
oath; that I a	in information indicated on this an im an officer or director of the con Block 12 or Block 13 if changed, o	noration or the receiver or trustee	CONCENTION	rue and a d to exec	accurate a ute this rep	ie exemption stated in Section 119.07 nd that my signature shall have the se ood as required by Chapter 607, Florid 	ame legal effect as it da Statutes; and tha	made under at my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/36/96 407 773-4743