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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043959 (3)

DORAL PARK COUNTRY CLUB RESTAURANT, INC.

## FILED Mar 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5001 N.W. 104TH AVE 5001 N.W. 104TH AVE. MIAM! FL 33178-2219 MIAMI FL 33178-2219 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1994 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0495211 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KOWALSKI, EDWARD 5001 N.W. 104TH AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33178** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registerest agent and title if applicable (NOTE: Registered Agent signature required when rainstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 1.1 TITLE Addition KOWALSKI, EDWARD NAME 1.2 NAME 5001 N.W. 104TH AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33178-2219 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee expowered 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 a ratidess.

**SIGNATURE**:

1/27/58

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