

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000060917 (9)
1. Corporation Name
LEE'S BARBECUE GRILL CENTER OF BOYNTON BEACH, IN
C.



Principal Place of Business 8639-2 BOYNTON EBACH BLVD BOYNTON BEACH FL 33437 US	Mailing Address 19575-5 SOUTH STATE RD 7 BOCA RATON FL 33498 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0515711	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE TOBACK
6449 DUCKWEED RD.
LAKE WORTH FL 33467

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TOBACK, LEE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2. <input type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS	3. <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
CITY-ST-ZIP	4. <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	5. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6. <input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	7. <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP	8. <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	9. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10. <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	11. <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP	12. <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	13. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14. <input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	15. <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY-ST-ZIP	16. <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	17. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18. <input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	19. <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY-ST-ZIP	20. <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	21. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22. <input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS	23. <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP	24. <input type="checkbox"/> DELETE	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 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 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 13 if changed, or on an attachment with an address.

SIGNATURE _____ LEE TOBACK 4/14/98 414-732-1511

CR2E034 (10/97)