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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400062034 (1)

PINEAPPLE GRILLE, INC.

## FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **800 PALM TRAIL** 800 PALM TRAIL DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 26 65-0517482 Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zio Country  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOBIAS, CHARLES 800 PALM TRAIL, SUITE 5 Street Address (P.O. Box Number is Not Acceptable) 82 **DELRAY BEACH FL 33483** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statulos, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE (NOTE Registered Agent signature required when reinstating) Stynature, typed or printed runse of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DLLETE Change Addition TITLE 1.1 THE TOBIAS, CHARLES H 1.2 NAMI NAME 800 PALM TRAIL 1.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 14 CITY-ST-7IP DELETE \_\_\_ Change Addition TITLE 2.1 HILE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - St - 7tP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 11111 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY+ ST - Z(f) DELETE 4.1 10TLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY+ ST - ZIP CITY-ST-ZIP DELETE 5.1 THLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 C(TY - ST-ZIP DELETE Change Addition T:TLE 6.1 HILLE NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 6.4 C(1Y-S1-2IP

14. Thereby certify that the information supplied with this fring 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 eath; 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 13 if changed, or on an attachment with an exidence.