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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400062182 (8)

FILED
Mar 25 1998 8:00am
Secretary of State

CHARLIE	e and J	iake's bar-b	I-Q, INC	1											
Principal Place	of Busines:	s		Mailing Add	dress					- I JOOTIOOJ IKO IBSII GIELI BEIIK OONII OOIII EOLI		/001 01	JI FEFFE		
445 E EAUGALLIE BLVD MELBOURNE FL 32837 US				445 E EAUGLALLIE BLVD MELBOURNE FL 32937 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
										08/19/1994					
2. Principal Pla	ce of Busin	ness		2a, Mailing Address						4. FEI Number			Appli	ed For	
21			2	26						59-3279902		Not Applicable			
Suite, Apt. #, etc				Suite, Apt. #, etc.						5. Certificate of Status Desired	;			ditional	
City & State				City & State						6 Floating Compaign Financing			Requ		
23				28						6. Election Campaign Financing Trust Fund Contribution		\$5.0 Adde	JU Ma ed to F		
Zip	Zip Country						Country			8. This corporation owes or has paid the	currer				
24		25		9		30				Personal Property Tax due June 30.				No.	
	- 	and Address of C	Current Re	gistered Ag	ent		81	Manage		10. Name and Address of New Register	ed Ag	ent			
	RIEN, JAN						61	Name							
		DR CITY BLVD					82	Street	Addre	ss (P.O. Box Number is Not Acceptable)					
MEL	BOUHNE	FL 32935					83							_	
								0							
							84	City		F	=L ľ	85 Zi	ip Cod	de)	
office or reg	pistered ag	ions of Sections 60 ent, or both, in the th, and accept the	: State of FI	lorida Such	change was a	authorize	d by	/ the col	d corpo rporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of ch appoin	ianging itment	g its reg	egistere gistered	ed
SIGNATURE _															_
12.	ignature typed	or printed name of registr	ered agent and RS AND DIF		: (NOT	L Registere	d Age	nt signatu	e required	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A		IBECT	ORSI	N 12	
TITLE	D	0,11001		10,010	DELETE	1.1 T	TLE		1	ADDITIONS/OFFICIAL TO OFFICE AS		Chang		Addit	ion Ş
NAME					1.2 N	AME								3	
STREET ADDRESS					1.3 S	STREET ADDRESS								là	
CITY-ST-ZIP	INDIALA	NTIC FL 32903				1.4 0	ITY-S	T-ZIP	<u> </u>					_,	
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NAME						2.2 N									ŀ
STREET ADDRESS						4		ADDRESS		•					
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STREET ADDRESS						32 N		ADDRESS							
CITY-ST-ZIP								AUUNESS ST-ZIP							
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NAME						4.21	IAME								
STREET ADDRESS						4.3 S	TREET	ADDRESS							
CITY-ST-ZIP						4.4 C	ITY-S	T - ZIP							
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NAME						5.2 N	AME		1						
STREET ADDRESS						5.3 \$	TREET	ADDRESS	1						
CITY-ST-ZIP					DELESS			T-ZIP	↓			T Av			
TITLE				ι	DELETE	611			1		L	Chang	/e L	Addit	ion
NAME						6.2 N			1						
STREET ADDRESS								ADDRESS	1						
14. I hereby ce	rtify that the	o information supp	lied with th	is filina doe:	s not qualify fo			T-ZIP tion stat	ed in S	Section 119.07(3)(i), Florida Statutes. I furthe	r certif	y that t	the inf	ormatic	on-

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, on an attachment with an address.

CICNATURE.

harles A. Johnson

3-21-98 407-777-7675

:RZE034 (10/97