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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

Feb 10 1997 8:00am

## Sandra B. Mortham

|                                                                      | JAL REPORT<br><b>1997</b>                     |                                                  | Secretary of State DIVISION OF CORPORATIONS                          |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Secretary of State                                                                    |                   |             |                                         |          |
|----------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------|------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------|-------------|-----------------------------------------|----------|
| ,                                                                    | MENT # F<br>E GRILL, INC.                     | 940000                                           | 75695 (4)                                                            |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . 1401/1881 1/8 JB/H BJAN 80H 08/H BD                                                 | ı deliki ili dili |             | Biri filit 1881                         |          |
| Principal Place of Business 462 E. BURLEIGH BLVD TAVARES FL 32778 US |                                               |                                                  | Mailing Address<br>34906 NASHUA BLYD<br>SORRENTO FL 32776-8413<br>US |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                   |             |                                         |          |
|                                                                      |                                               |                                                  |                                                                      |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                   |             |                                         |          |
|                                                                      |                                               |                                                  |                                                                      |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Date Incorporated or Qualified                                                     |                   | ate of Las  | •                                       | 1        |
| 2. Principal P                                                       | Place of Business                             |                                                  | 2a. Mailing Address                                                  | - <del>-</del>         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/13/1994<br>4. FEI Number                                                           | 02/0              | 01/1996     | Applied For                             |          |
| 21                                                                   | iou o Business                                | İ                                                | 26                                                                   |                        |               | 59-3272771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Not Applicable                                                                        |                   |             |                                         |          |
| Suite, Apt.                                                          | #, etc.                                       |                                                  | Suite, Apl. #, etc.                                                  |                        |               | 5. Certificate of Status Desired S8.75 Additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                   |             |                                         |          |
| 22                                                                   |                                               |                                                  | [27]                                                                 |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fee Required                                                                          |                   |             |                                         |          |
| City & Stat                                                          | е                                             |                                                  | City & State                                                         |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Election Campaign Financing     Trust Fund Contribution                               |                   |             |                                         |          |
| Zip<br>24                                                            | 25 Co                                         | untry                                            | Ζφ<br><b>29</b>                                                      | 30 Co                  | intry         | <i>y</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | B. This corporation has liability for<br>Florida Statutes                             |                   | tax unde    | r s. 199.032,                           | 7        |
|                                                                      |                                               | dress of Current R                               |                                                                      | 1301                   | ·             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Name and Address of New Re                                                        |                   |             |                                         | -        |
| BLA                                                                  | NCHARD, CLAYTO                                | N H JR                                           |                                                                      | ···                    | 81            | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                   |             |                                         | 7        |
| 35 E PINEHURST BLVD                                                  |                                               |                                                  |                                                                      |                        |               | Street Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dress (P.O. Box Number is Not Acceptab                                                | Je)               |             |                                         | $\dashv$ |
| EUS                                                                  | TIS FL 32726                                  |                                                  |                                                                      |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                   |             |                                         | _]       |
|                                                                      |                                               |                                                  |                                                                      |                        | 83            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                   |             |                                         | - {      |
|                                                                      |                                               |                                                  |                                                                      |                        | 84            | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       | FL                | <b>85</b> Z | p Code                                  | 7        |
| 11. Pursuant                                                         | to the provisions of S                        | Sections 607.0502 a                              | nd 607.1508, Florida Statu                                           | tes, the a             | L             | e-named co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rporation submits this statement for the p                                            |                   | f changing  | j its registered                        | ī        |
| office or r<br>agent. La                                             | egistered agent, or I<br>im familia/with, and | ooth, in the State of I<br>accord the soligation | · lorida. Such change was<br>ny of, Section 607.0505, Fi             | authorize<br>orida Sta | d by<br>tute: | y the corpori<br>s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rporation submits this statement for the pation's board of directors. I hereby accept | it the app        | ointment    | as registered                           | 1        |
| SIGNATURE                                                            | Martin                                        | A Mand                                           | Card M.                                                              |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 기네                | 17          |                                         | -        |
| 12.                                                                  | Signature, typoti or frinted                  | name of registered agent at<br>OFFICERS AND D    | d title it applicable (NO                                            | tt: Registere<br>13.   | d Age         | ent signature req                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | uted when renstating) ADDITIONS/CHANGES TO OFFIC                                      | DATE AND          | DIRECT      | ORS IN 12                               | 1        |
| TITLE                                                                | STD                                           | OT TOLITO AND L                                  | DELETE                                                               | 1.1 1                  | ll f          | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ABBITTOTAGE TO CALL                                                                   | LITO AND          | Chang       |                                         |          |
| NAME                                                                 | VIOLA, HELEN                                  |                                                  |                                                                      | 1.2 N                  | ΜÉ            | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                   |             |                                         | 12       |
| STREET ADDRESS                                                       | 1289 OLD MOUI                                 |                                                  |                                                                      | 1.3 \$                 | REET          | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                   |             |                                         | [š       |
| CITY-ST-ZIP                                                          | EUSTIS FL 3272                                | 6                                                |                                                                      |                        | _             | ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                   |             |                                         | _ Ş      |
| TITLE                                                                | PD "                                          |                                                  | L_ DELETE                                                            | 2.1 1                  |               | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                   | Chang       | e Addition                              | ١ (د     |
| NAME<br>DANCET ADDRESS                                               | VIOLA, ANDREW<br>1289 OLD MT. [               |                                                  |                                                                      | 2.2 N                  |               | 4000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                   |             |                                         |          |
| STREET ADDRESS<br>CITY-ST-ZIP                                        | EUSTIS FL 3272                                |                                                  |                                                                      | - 1                    |               | FADDRESS (<br>ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                   |             |                                         | 1        |
| TITLE                                                                | 200110120212                                  |                                                  | DELETE                                                               | 3.1 7                  |               | 31-711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                   | Chang       | e Addition                              | <u>.</u> |
| NAME                                                                 |                                               |                                                  |                                                                      | 3.2 N.                 | \MF           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                     |                   |             |                                         | -{       |
| STREET ADDRESS                                                       |                                               |                                                  |                                                                      | 3 3 8                  | REET          | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                   |             |                                         | 1        |
| CITY-ST-ZIP                                                          |                                               | <del></del>                                      | T DELEVE                                                             |                        |               | SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                   |             | <u> </u>                                |          |
| TITLE                                                                |                                               |                                                  | DELETE                                                               | 4.1 H                  |               | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                   | Chang       | e 🔲 Addition                            | ' [      |
| NAME<br>STREET ADDRESS                                               |                                               |                                                  |                                                                      | 4.2 N                  |               | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                   |             |                                         |          |
| CITY-ST-ZIP                                                          |                                               |                                                  |                                                                      |                        |               | ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                   |             |                                         | }        |
| TITLE                                                                |                                               | · · · · · · · · · · · · · · · · · · ·            | DELETE                                                               | 5.1 TI                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                   | Chang       | e 🔲 Addition                            | 7        |
| NAME                                                                 |                                               |                                                  |                                                                      | 52 N                   | ME            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                   |             |                                         |          |
| STREET ADDRESS                                                       |                                               |                                                  |                                                                      | 5.3 \$                 | REEI          | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                   |             |                                         |          |
| CITY-ST-ZIP                                                          |                                               |                                                  | T breeze                                                             |                        |               | 1- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                   | T 04        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4        |
| TITLE                                                                |                                               |                                                  | ☐ DETEIR                                                             | 6.11J                  |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                     |                   | Changi      | e Addition                              | '        |
| NAME<br>STREET ADDRESS                                               |                                               |                                                  |                                                                      | 62 N                   |               | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                   |             |                                         |          |
| THE THEOLOGICAL                                                      |                                               |                                                  |                                                                      | <b>=</b> 000           |               | THE PERSON IN TH |                                                                                       |                   |             |                                         |          |

14. I do 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.