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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000082683 (1)

OZONA BEACH GRILL, INC.

FILED Feb 16 1998 8:00am Secretary of State



2. Principal Place of Businoss 2a. Mailing Address 2. Principal Place of Businoss 2a. Mailing Address 2a. Mailing Address 3. Date Incorporated or Qualified 11/09/1994 3. Date Incorporated or Qualified 3. Date Incorporated 3. Date Incorporated or Qualified 3. Date Incorporated 3	Principal Place	e of Business	Mailing Address							
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ST. ARNOLD, JACK R ST. ARN							Trust Fund Contribution	Added to F	ees	
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11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes. 11. Pursuant to the provisions of Sections 607 0502 And 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes. 12. CFI (CFI SAVI) DIR CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. MET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. MET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRET ADDRESS CITY-ST-2P 13. STRET ADDRESS CITY-ST-2P 14. CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. STRET ADDRESS CITY-ST-2P 16. CITY-ST-2P 17. CITY (CFI SAVI) DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. STRET ADDRESS CITY-ST-2P 18. CITY-S	<u></u>		nt Registered Agent				10. Name and Address of New Registered	Agent		
OZONA FL 34680 Ba					81	Name				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lite registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing lite registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing lite registered by the corporation's board of directors. I hereby accept the purpose of changing lite registered agent, or board of directors. I hereby accept the purpose of changing lite registered by the corporation's board of directors. I hereby accept the purpose of changing lite registered agent, or board of directors. I hereby accept the purpose of changing lite registered by the corporation's board of directors. I hereby accept the purpose of changing lite registered agent, or board of directors. I hereby accept the purpose of changing lite registered by the corporation's board of directors. I hereby accept the purpose of changing lite registered agent, or board of directors. I hereby accept the origination of the purpose of changing lite registered agent, or board of directors. I hereby accept the origination of the purpose of th				İ	82	Street Add	ress (P.O. Box Number is Not Acceptable)	•		
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12.		,								
TITLE	SIGNATORIE	Signature, typed or printed rumin of registered agr	ent and title if applicable (NOTE	Registered	Ager	il signature requi	ired when reinstating) DATE		 ;	
NAME SIRET ADDRESS 315 ORANGE STREET OZONA FL 34680 DELETE 1.3 SIRET ADDRESS 14 CITY-ST-ZIP TITLE STD STD STRET ADDRESS 15 ORANGE STREET OZONA FL 34680 DELETE 22 NAME FLOWERS, LAUREL 23 SIRET ADDRESS 315 ORANGE STREET OZONA FL 34680 DELETE 315 ORANGE STREET OZONA FL 34680 DELETE 316 ORANGE STREET OZONA FL 34680 DELETE 317 ST-ZIP OZONA FL 34680 DELETE 31 S C range St. CITY-ST-ZIP DELETE 31 S C range St. CITY-ST-ZIP OZONA, FL 34660 Change Addition NAME SIRET ADDRESS CITY-ST-ZIP TITLE DELETE 31 S C range St. CITY-ST-ZIP DELETE 41 TITLE 41 STREET ADDRESS CITY-ST-ZIP TITLE 52 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE 53 STREET ADDRESS CITY-ST-ZIP TITLE 54 STREET ADDRESS CITY-ST-ZIP TITLE 55 STREET ADDRESS CITY-ST-ZIP TITLE 57	12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS II	V 12	
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reference very that the information supplied with this filing oces not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report for 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 on the receiver or trusted 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 differ in the corporation of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the corpor

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