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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000001524 (4)

**BRADENTON TGIF, INC.** 

May 06 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		
2300 MAITLAND CENTER PARKWAY	2300 MAITLAND CENTER	PARKWAY	
8-306 8-306 MAITLAND FL 32751-7169 MAITLAND FL 32751-7169			DO NOT WRITE IN THIS SPACE
	######################################		3. Date Incorporated or Qualified
			01/06/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc	26	<del> </del>	59-3309400 Not Applicable
22	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Regulred
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
25 9, Name and Address of Current		30	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
KEIDAISH, PHILIP F JR.	TOPICIOO APOIL	81 Name	
505 WEKIVA SPRINGS ROAD			
SUITE 800		82 Street	t Address (P.O. Box Number is Not Acceptable)
LONGWOOD FL 32779		83	- 1-3 T-076-3-1
		84 City	los I 7's Oada
			FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent  12. OFFICERS AND			re required when reinstating) DATE
TITLE P	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME ROSE, JON E		1.2 NAME	Change C Aguitori
STREET ADDRESS 303 MAGNOLIA LAKE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 32779		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
NAME	LJ DECEN	4. 2 NAME	Li Change Li Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CiTY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CHTY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
City-St-ZiP	15 to 1 to	6.4 CITY-ST-ZIP	ed 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. Jon Rouses Rose