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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500004070 (5)

BLUE LINE GRILL, INC.

1997

FILED	
Feb 24 1997 8:00ar	n
Secretary of State	



incipal made or pusiness - Mailing Address								
834 Castilla in Boynton Beach Fl 33435		634 Castilla in Boynton Beach Fl 33435-6104						
				3. Date Incorporated or Qualified 01/17/1995	3a. Date of Last Report 12/24/1996			
incipal Place of	Business	2a. Mailing Address	# -		4. FEI Number			Applied For
		26			65-0672853			Not Applicat
iite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
ty & State		City & State			6. Election Campaign Financing			May Be
()	Country	28]	Country		Trust Fund Contribution 8. This corporation has liability for i	ntangihla i		d to Fees
•	25	29	30		· •		No	5. 100.001
9.	Name and Address of Curre				10, Name and Address of New Re	gistered A	gent	·
ROTHMAN	I, LEE M		81	Name				
	PORATE BLVD, STE 134 TON FL 33441		82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
			83			,		
			84	City		FL	85 Zij	p Code
				<u> </u>	rporation submits this statement for the pation's board of directors. I hereby accep			
	c. typed or punted nome of registered ac OFFICERS AN	ND DIRECTORS	13.	T. Signatura raqu	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND		**********
PD		☐ DELETE	1.1 TITLE	T			☐ Change	e 🔲 Add
	INO, STEPHEN		1.2 NAME					
nov	Castilla LN Inton Beach FL 33435		i i	T ADDRESS				
SI-76P BUT	ITION DENOTITE SOTOS	DELETE	1,4 CITY - 1 2.1 TITLE	S1 - ZIP			Change	e 🔲 Ado
		La princip	2.2 NAME					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ADDRESS			2.3 STREE	T ADDRESS				
51 - 71P			2. 4 CITY-	ST-ZIP				
		DELETE	3.1 TITLE			7	Change	e 🔲 Add
			3.2 NAME					
ADDRESS			1	T ADDRESS				
ST - ZIP		DELETE	3.4. CITY -	21-11/			Change	e Add
		hand a children	4. 2 NAME	.	•			
AFORESS				T ADDRESS				
ST - 70P			4.4 CITY-	ST-ZIP			<u> </u>	
		DELETE	5.1 TITLE				Change	e 🔲 Add
			5.2 NAME					
ADDRESS				T ADDRESS				
ST-ZIP		T DELETE	5.4 CITY-	ST-ZIP			Chann	e Add
		DELETE	6.1 TITLE				Change	B L. Add
LADDRÉSS			6.2 NAME	I ADDRESS				
			6.4 CITY -	1				
51 - 20P			■ 0.4 CIII	31.71L				

14. Too 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.

HILL STEPHEN ALICINO 2/20/97