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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90121 012 ***158.75

DOCUMENT # POSOCOL11425

1. Corporation	AN TROPICANA RESTAUR	ANT, INC.			
Principal Place	e of Business	Mailing Address			,
410 N FEDERAL	L HWY	410 N FEDERAL HWY		· · ·	
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062			DO NOT WRITE IN THIS	S SPACE	
US		US		3. Date Incorporated or Qualifed) or vor
				02/08/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0603689	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E Contiferate of Status Beninsed	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	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 the current year Ir	
24	25	29 3	0	Personal Property Tax.	☐xes ☐No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	I Agent
			81 Name -	Jose R. Kestana	
PESTANA, MARIA C			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
410 N FEDERAL HWY			4	10 N. Federal Hwy	
POM	IPANO BEACH FL 33062		83 D	nama Beach El 2	3062
			84 City	mpario istauli 12 3.	85 Zip Code
				<u> </u>	L
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta in familiar with, and accept the ob-	502 and 607.1508, Florida Statutes te of Florida, Such change was auti gations of, Section 607.0505, Florid	, the above-named of horized by the corporal la Statutes.	corporation submits this statement for the purpose or ration's board of directors. I hereby accept the apport	Julinent as registered
	() ()			1 1	1 _9 0
SIGNATURE	XXX 2	16 Tal.			2-99
SIGNATURE	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·	egistered Agent signature rec	quired when reinstating) DATE	
12.	OFFICERS /	AND DIRECTORS	13.	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	OFFICERS /	· · · · · · · · · · · · · · · · · · ·	13.	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE NAME	PTD OFFICERS / PESTANA, MARIA C	AND DIRECTORS	13. 1.1 TITLE	additions/changes to officers a Additions/changes to officers a	ND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	PTD PESTANA, MARIA C 410 N FEDRAL HWY	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	aured when reinstating) ADDITIONS/CHANGES TO OFFICERS A VP Ligia Antunes 410 N. Federal Hwy	ND DIRECTORS IN 12 ☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

9547811113