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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000012749

BOCA DINING AND ENTERTAINMENT CORP.

Principal Plac	ce of Business	Mailing Address				1011: 00ttl 00t01 1	/ELB 11EH LEBIT	13848 IBN 1881
5713 CORPORATE WAY 5713 CORPORATE WAY								
SUITE 200 SUITE 200			_		. BO NOT WE	NTE IN THIS :	00405	
W. PALM BEACH FL 33407 W. PALM BEACH FL 3340						RITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 02/13/1995	1		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0565843		No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27			6. Obilinguis di Ballas 255,750		Fee Re	·
City & Sta	ite	City & State			6. Election Campaign Financing	, _□	\$5.00	
23			Country		Trust Fund Contribution		Added to	o Fees
Zip	Country Zip		Country	B. This corporation over the carrow		-		□No
24	9. Name and Address of Curre	nt Pogistared Agent	30	****	10. Name and Address of New			
	5. Name and Address of Curre	it Kegistered Agent	81	Name	10. Name and Address of New	itagiatorea A	Ment	
GRA	AHAM, ANTHONY L	,					·	
571	3 CORPORATE WAY		82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
SUF	TE 200		83			1314 131 4412 1	Cara Late Color	Charles Inc.
W. I	PALM BEACH FL 33407			·	1000 1000 1000 1000 1000 1000 1000 100	南。胡桃树	維持法	
			84	City	in the second second	F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	tes, the above	e-named corpo	oration submits this statement for th	e purpose of c	hanging its	registered
office or i	registered agent, or both, in the State	of Florida. Such change was a	uthorized by	the corporation	on's board of directors. I hereby acco	apt the appoin	tment as req	gistered
	, ,	Allotts of, occitor cor.cocc, and	ING OLUMOIOS.	•				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agen	t signature required	1 when reinstating)	DATE		
12.	· ····	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE		35.13		☐ Change	Addition
NAME	GRAHAM, ANTHONY L		1.2 NAME					
STREET ADDRESS	1	E 200	1.3 STREET	ADDRESS	•			
CITY-ST-ZIP	W. PALM BEACH FL 33407		1.4 CITY-ST	r-zip	e e			
TITLE		☐ DELETE	2.1 TITLE			•	☐ Change	
NAME			2.2 NAME					Addition
STREET ADDRESS	3							Acquillon
CITY-ST-ZIP .			2.3 STREET	ADDRESS				
TITLE			2.3 STREET 2.4 CITY-ST	1			#-VV	
NAME	1 -	☐ DELETE	l l	1	·		Change	Addition
STREET ADDRESS	1 • • • •	☐ DELETE	2. 4 CITY-S1	1		· · · · · · · · · · · · · · · · · · ·	Change	
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST 3.1 TITLE	T-ZIP			☐ Change	
			2. 4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-ST	T-ZIP		的影響		Addition
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İ			2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-SI 4.1 TITLE	T-ZIP FADORESS T-ZIP		अवस्थित हैं है जिल्हें इस इस इस इस है जिल्हें इस इस इस है जिल्हें		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.

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90039 007 ***150.00