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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 14 1997 8:00am

Secretary of State

DOCUMENT # P95000045748 (7)

JUPITER GRILLE, INC.

Principal Place of Business

PO BOX 32845 2969 10TH AVE. N PALM BEACH GARDENS FL 33420-2845 6TE 303 LAKE WORTH FL 33461 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1995 07/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0590404 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOLTON, THOMAS A 11944 LAKE SHORE PL 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH PALM BEACH FL 33408** 83 84 City 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 beard of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE Fiegistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.0000 TITLE LIEM, ROBERT 1.2 NAME NAME 2889 10TH AVE. N STE 303 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change Addition 2111116 TITLE **BOLTON, THOMAS** 2.2 NAME NAME 11944 LAKE SHORE PL 2.3 STREET ADDRESS STREET ADDRESS N PALM BCH FL 33408 2 4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1.1016 KOU, VICTOR CORRECTION 3.2 NAME KOO, VICTOR NAME 4415 WOODFIELD BLVD. STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL 33434** 3.4. DITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME BACCHUS, ALBAN 4 2 NAME 2889 10TH AVE N STE 301 STREET ADDRESS 4.3 STREET ADDRESS LAKE WORTH FL 33461 4.4 CHY - S1 - ZIP CITY-ST-ZIP DELETE Addition 5.1.10LE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE \_\_\_ Addition 6.1 TOLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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