## 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 # P95000047227 1. Corporation Name

AUGY'S RESTAURANT & PIZZA BOARD OF BOYNTON #2, I NC.

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90088 025 \*\*\*150.00



Principal Place of Business		Mailing Address				ı sönrenn sın ıbıdı diris desire anırı düşir deliri diesi sebil şinese ireli indê 1901		
1501 N.W. 2ND AVE.		1501 N.W. 2ND AVE.	1501 N.W. 2ND AVE.					
BOCA RATON	FL 33432	BOCA RATON FL 33432				İ		
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 06/13/1995		
2. Principal I	Place of Business	2a. Mailing Address	2a. Mailing Address			4: FEI Number Applied For		
21		26				65-0616529 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27				Fee Required		
City & State		City & State				6. Election Campaign Financing 55.00 May Be		
23	28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip	ip Country			8. This corporation owes the current year Intangible		
24	25		30	,		Personal Property Tax.		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent		
GAYLORD, MARC R			•	81	Name			
	0 N. FEDERAL HWY., STE. 306B			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			•			To the state of th		
				83				
				84	City	■■ 85 Zip Code		
44 Pursuant	to the provisions of Sections 607.050	12 CO7 4500 FI				FL 100 2 Possible Plants		
						oration submits this statement for the purpose of changing its registered - on's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statu	ites.				
SIGNATURE		-31.1				· · · · · · · · · · · · · · · · · · ·		
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	_	Agent	signature required	when reinstating)		
TITLE	D OFFICERS AN	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	VULTAGGIO, AGOSTINO	. B bellete	1			☐ Change ☐ Addition		
STREET ADDRESS	1501 N.W. 2ND AVE.		1.2 NA					
	BOCA RATON FL 33432				ADDRESS	,		
CITY-ST-ZIP TITLE	BOCA NATUR PL 33432	☐ DELETE	1.4 CIT		-ZIP			
		C) DECEIE	2.1 TITLE			Change Addition		
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 STI	REET	ADDRESS			
CITY-ST-ZIP			2.4 CF	Y-ST	-ZIP			
TITLE		☐ DELETE	3.1 TIT	Æ		☐ Change ☐ Addition		
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STI	REETA	ADDRESS	·		
CITY::ST-ZIP			3.4. CIT	Y-ST-	-ZIP			
TITLE		☐ DELETE	4.1 7111	Æ		Change Addition		
IAME			4. 2 NA	ME	1			
TREET ADDRESS			4.3 STF	EET A	NODRESS			
ZITY-ST-ZIP			4.4 CIT	Y-\$T-	ZIP	′		
TTLE	···	☐ DELETE	5.1 TIT(	E		☐ Change ☐ Addition		
IAME			5.2 NAM	AE.				
TREET ADDRESS			5.3 STR	EETA	DORESS			
CITY-ST-ZIP			5.4 CIT	/-ST-	Z)P	}		
TILE		☐ DELETE	6.1 TITL	Ę		☐ Change ☐ Addition		
IAME			6.2 NAX	Œ				
TREET ADDRESS			6.3 STR	EET A	DDRESS			
TV 67 710			Ī					

14. I 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 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.