FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000053662 (9)

ALLEY GATOR STEW, INC.

Principal Place of Business Mailing Address
3317 ARTHUR ST 3317 ARTHUR ST



| HOLLYWOOD FL 33021 | HOLLYWOOD FL 33021 | | | | İ | | | | |
|--|-----------------------------------|-------------------------------------|---------------------|-----------------------|--------------------------------|--|---------------------------|------------------------------------|--|
| | | | | | | 3. Date Incorporated or Qualified 07/12/1995 | 3a. Date of Last R | Report | |
| 2. Principal Place of Busin | 2a. Mailing Address | | | | 4. FEI Number | | Applied For | | |
| 21 | ,, , | 26 | | | | | | Not Applicable | |
| Suite Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 5 Additional Required | |
| Oily & State | City & State | | | | 6. Election Campaign Financing | | May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution | | ed to Fees | |
| Zip | Country | Zip | C | ountry | | 8. This corporation has liability for | | 199.032, | |
| 24 | 25 | 29 | 30 | | | | No | | |
| g. Name | e and Address of Curren | t Registered Agent | | | r: | 10. Name and Address of New R | Registered Agent | | |
| | | | | 81 | Name | Name | | | |
| ADKINS, DANIEL | | | | 82 Street Addre | | ress (P.O. Box Number is Not Acceptab | olo) | | |
| 3317 ARTHUR S | | | | | | | | | |
| HOLLYWOOD FL | L 33021 | | | 83 | | | | | |
| | | | | 84 |) ' | | FL I I | ip Code | |
| 11. Pursuant to the provis | sions of Sections 607.0502 | and 607,1508, Florida Statute | es, the a | bove-i | named corpo | ration submits this statement for the pur and of directors. I hereby accept the app | rpose of changing its | registered office d agent. I am | |
| familiar with, and acce | ept the obligations of Secti | on 607.0505, Florida Statutes | | | | о с. | | | |
| SIGNATURE | Jorphateousene of majedened agent | and the diagraphs (NC | He Broist | erest Aciel | nt signature require | au when renistating! | DATE | | |
| 12. | OFFICERS AND | | | 3. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTO | ORS IN 12 | |
| 1 ILF D | v.a. v | DELETE | 1. | 1 BILE | | | ☐ Change | ☐ Addition | |
| NAME ADKII | NS, DANIEL | | 1.1 | 2 NAME | | | | | |
| | ARTHUR ST | | 1 | a STREET | ADDRESS | | | | |
| CHY-St. ZiP HOLL | HOLLYWOOD FL 33021 | | 1.4 CITY - ST - ZIP | | ST - ZIP | | | | |
| TI'LE D | _ | | 2 | 2 1 TITLE | | | ☐ Change | Addition | |
| | ns, Susan | | 2 | 2 NAME | | | | | |
| | ARTHUR ST | | 2 | 3 STREFT | LADDRESS | | | | |
| CHY SI ZIP HOLL | YWOOD FL 33021 | | 2 4 CITY - ST - ZIP | | ST-ZIP | | | | |
| II'tE | | DELETE | 3 | 1 TILE | | | Change | Addition | |
| NAME | | | | 2 NAME | | | | | |
| SHRELL ADDRESS | | | 3 | 3 STREE | T ADDRESS | | | | |
| CITY - ST- ZIP | | FIDELLE | | 4 CITY - ! | ST-ZIP | | ☐ Change | Addition | |
| HLF | | DELETE | | 1 TITLE | | | ☐ change | C) Addition | |
| VaWs | | | 1 | 2 NAME | | | | | |
| STREET ADORESS | | | | | F ADDRESS | | | | |
| 0.01Y - \$1 - 70P | | TT DELETE | | 4 CHY-1 1 TO LE | 51 · ZIP | | Change | Addition | |
| 1-1Et | | | | 2 NAME | | | □ combc | | |
| NAM: | | | | | T ADDRESS | | | | |
| STREET ADDRESS | | | | | 1 | | | | |
| OTY STAZE | | □ DELETE | | 4 CITY - : 1 TILLE | 5 (IF | | ☐ Change | Addition | |
| NAME | | | | 2 NAME | | | | _ | |
| STEEL ADDRESS | | | | | T ADDRESS | | | | |
| | | | | 4 001Y- | | | | | |
| CHY-SI-Zif 14. I do hereby certify that | at the information supplied | with this filing is voluntarily fun | nished a | nd doe | es not qualify | for the exemption stated in Section 119 | 3.07(3)(k), Florida Statu | utes. I further | |

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. Flurtner 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 certify 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.

SIGNATURE:

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/96 954964 Date Description