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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060218 (1)

FINS COASTAL BAR & GRILLE, INC.

Principal Place of Business

Mailing Address

FILED Feb 07 1997 8:00am Secretary of State

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BIEL BIRTHING	O PL.	3721 SHENENGO PL.					
MBLBOURNE FL	32034	MELBOURNE FL 32934-8164					
					3. Date Incorporated or Qualified 08/02/1995	3a. Date of Last Report 03/05/1996	
	ace of Business	2a. Mailing Address	1 ,		4. FEI Number		Applied For
1 6767		26 6767 / Suite, Apt. #, etc.	WIL.	LHAN 14	59-3332248		Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State	BOSENF, FC	City & State 28 MGLBOUG	מ ק די אנו	E C	Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip 32 1	740 25 U.S. A	29 32940	Country	S.A	8. This corporation has liability for in Florida Statutes	ntangible tax ur Yes No	nder s. 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	istered Agent	
JOHA	YSON, WILLIAM A		81	Name			
	N. WICKHAM ROAD, SUITE 400 BOURNE FL 32940)F	82	Street Addre	ess (P.O. Box Number is Not Acceptabl	le)	<u></u>
			63				
	$\frac{1}{2} \mathcal{F}^{T} = \frac{1}{2} \mathcal{F}^{T}$		84	City		FL 85	Zip Code
41 Pursuant t	in the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	s the above	e-named corne	oration submits this statement for the pu	,	ning its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au	ithorized by	the corporation	on's board of directors. I hereby accept	t the appointme	ent as registered
	in latinal with and decept the conge	mons of, occitor our losos, rice	icia Giaidica				
MANUATURE							
	Signature, typed or printed name of registered age.	at and tire if applicable (NOTE	Registered Ager	nt signature require	ed when reinstating)	DATE	
12.	OFFICERS AND	D DIRECTORS	Registered Ager	nt signature require	ed when rolestating) ADDITIONS/CHANGES TO OFFICE		
12.	OFFICERS AND				ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	
12.	PD POORE, DAVID W	D DIRECTORS	13. 1.1 JITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	
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I de 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blook 13 if changed, or on an attachment with an address.

SIGNATURE

MAN SON PANIO N. PONES PROS 1-29-97-407-259.293-