## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Mortham

**FILED** 

Sep 17 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT #

P95000065854 (8)

GRILLED UP PRODUCTIONS, INC.

Principal Place of Business Mailing Address				1 INBULANDE DIEM ERENT BREITH BROTH BROTH RANK	1 BEI10 91101 01101 (0101 91111 9101 1001
2216 FOUNTAIN BLEAU DRIVE ORLANDO FL 32808		2216 FOUNTAIN BLEAU ORLANDO FL 32808	DRIVE	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
				08/24/1995	05/01/1996
2. Principal	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3332143	Not Applicable
Suite, Apt	l. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Continuate of Status Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	26		Trust Fund Contribution	Added to Fees
Zìp	Country	Zip	Country	8. This corporation owes or has paid	
24	25	[29]	30	Personal Property Tax due June 3	
	<del> </del>	Current Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
	JLGER, TRISTAN	_	OT Name		
2216 FOUNTAIN BLEAU DRIVE			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32808			83		
			33		
			84 City		FL 85 Zip Code
11. 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 board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
SIGNATORIE	Signature, typed or printed name of regis		TE: Registered Agent signature requir	ed when reinstating)	DATE
12.	<del></del>	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	<del></del>
TITLE	D	L. DELETE	1.1 TITLE		L Change L Addition
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808	Parity	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		L_ Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ı
CITY-ST-ZIP	<u> </u>	DELETE	2.4 CITY-ST-ZIP		Character III Legitica
TITLE		☐ Direit	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del>}</del>	DELETE	3.4 CHY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.1 ITTEE 4, 2 NAME		C outride C wouldness
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP	<del></del>	Change Addition
NAME		- Decem	5.2 NAME		The Avenda The Manufacture
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6,1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6 4 CHY-ST-ZIP		
14.   do here	by certify that the information s	upplied with this filing does not qual	ify 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 anti 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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					