## 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 #	P95000089166	(9)

CELEBRITIES SPORTS BAR & GRILL, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

4705 U.S. HWY. ALTERNATE 19 PALM HAROR FL 34683 4705 U.S. HWY. ALTERNATE 19 PALM HAROR FL 34683



					3. Date Incorporated or Qualified 11/21/1995	3a. Date	of Last Report	
2. Principal Pla 1	ice of Business	2a. Mailing Address	3	***********	4. FEI Number 59-3341	8099	Applied For Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, el	ic.	a Palan en entre Pale IV. des veren describ	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
. Ζφ	Country 25	Ζφ <b>29</b>	Countr 30	y		s 🔲 No		
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent			10. Name and Address of New	Registered A	gent	
114 S.	NCHAEL E ESQ PINELLAS AE.		81	Street Ac	idress (P.O. Box Number is Not Accepta	ible)		
TARPO	TARPON SPRINGS FL 34689		83					
			84	City		FI	85 Zip Code	
ignature _	h, and accept the obligations of, Sections of the structure of the section of the sec	and this if applicable.	(NOTE Registered Ag	ont signature req	unud when reinstating)  ADDITIONS/CHANGES TO OF	DATE EICERS AND	DIDECTORS IN 12	
2.	OFFICERS ANI	DELETE			ADDITIONS/CHANGES TO OF		Change Addition	
TLE AME IRELL ADDRESS ITY: ST-ZIP	KLIMIS, DEMETRIOS 1313 BELCHER DRIVE TARPON SPRINGS FL 34689		1.2 NAME	T ADDRESS			) Change Addition	
!!.:?!!!!"	D	☐ DELF TE					Change Addition	
eme Re-Taddress	KLIMIS, EFTHEMOIS 1751 FAIRFIELD COURT		2.2 NAME			_		
	HOLIDAY FL 34691		24 City	ļ.				
1Y-51-79 TLE	D	DELFT				Г	Change	
Mi	MEHAS, NOMEKOS		3.2 NAMS			_		
REFLADERESS TV: ST-ZIP	3034 HUNTINGTON ROAD HOLIDAY FL 34691			ET ADDRESS				
1.5.17/1		DELETI				Г	Change  Addition	
EMI			4.2 NAME	i i		_		
HELL ADDRESS				T ADDRESS				
IIY-SI ZIF	·		4.4 CITY					
HE		DELETI					Change Addition	
AMc			5.2 NAMI					
TEEFT ADURESS			5.3 STRE	T ADDRESS				
1Y-51-ZIP			5.4 CITY	ST-ZIP				
T.F		DELETI					Change Addition	
IAME			6.2 NAMI	.				
THEE: ADDRESS			6 3 STRE	T ADDRESS				
HIV CT 710			6.4 C(TY)	ST-ZIP				
i4. I do hereb certify that oath; that appears in	y certify that the information supplied to the information indicated on this annular and face or director entire como Bock 12 or Block 13 if changed, or o	with this filing is voluntari ual report or supplement oration or the receiver or on an at attention with in	ily furnished and do al ann ual report is t a usive empowered pararess.	es not quali rue and acc Lto execute	fy for the exemption stated in Section 11 urate and that my signature shall have th this report as required by Chapter 607,	9.07(3)(k), Flor ne same legal Florida Statute	rida Statutes. I further effect as if made under es; and that my name	