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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500089166 (9)

CELEBRITIES SPORTS BAR & GRILL, INC.

Principal Place of Business Mailing A

FILED

Sep 19 1997 8:00am

Secretary of State

Mailing Address

4705 U.S. HWY. ALTERNATE 19 PALM HAROR FL 34883		4705 U.S. HWY. ALTERNATE 19 PALM HAROR FL 34683							
						DO NOT WRITE	IN THIS S	PACE	
						 Date Incorporated or Qualified 11/21/1995 		te of Last F 11/1996	Report
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·		pplied For
21		26				59-3348099		N	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional				
22		27			5. Certificate of Status Desired		Fee R	equired	
City & State)	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Ζιρ	Count	ry		8. This corporation owes or has paid	d the curr	ent year In	itangible:
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Currer	nt Registered Agent		71		10. Name and Address of New Reg	Istered A	gent	
	i, Michael e esq		8	1	Name				
	S. PINELLAS AE.		8	2	Street Address (P.O. Box Number is Not Acceptable)				
TARI	PON SPRINGS FL 34689								
			8	3]
4			8	4	City			85 Zip	Code
			ا ا		U		FL		
11. Pursuant t	o the provisions of Sections 607.050	22 and 607 1508, Florida Statu	tes, the abo	ve-	-named corpo	oration submits this statement for the pu	rpose of	changing i	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	_								ł
OIGITATORE .	Signature, typed or printed name of registered agr		-	gen	it signature require	ed when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	D	☐ DELETE	. 1.1 TIPLE					∐ Change	Addition
NAME KUMIS, DEMETRIOS			1.2 NAME						
STREET ADDRESS 1313 BELCHER DRIVE			. 1.3 STREET AD		ADDRESS				i
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY	1.4 CITY - ST - ZIP					
TITLE			2.1 TITLE					☐ Change	Addition
NAME	KLIMIS, EFTHEMOIS		2.2 NAME						Į
STREET ADDRESS	1751 FAIRFIELD COURT		2.3 STREET ADDRESS		ADDRESS				
CFTY+ST+ZIP	HOLIDAY FL 34691	691		2. 4 CITY - ST - ZIP					
TITLE			3.1 TITLE					☐ Change	Addition
NAME	MEHAS, NOMEKOS		3.2 NAME						
STREET ADDRESS 3034 HUNTINGTON ROAD			3.3 STREET ADDRESS		ADDRESS				İ
CITY-ST-ZIP			3.4. CITY	'- ST	1 - ZIP				
TITLE	DELETE 4.1		4.1 TITLE					Change	Addition
NAME	4.2		4. 2 NAM	4.2 NAME					ŀ
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST	- ZIP				
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME	52		5.2 NAM	5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS				ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE						Change	Addition
NAME		•	6.2 NAM					-	
STREET ADDRESS			6.3 STREET ADDRESS		ADDRESS				
UTILLE ADDRESS			0.0 OTHEET RODRESS		IODAE OU				

14. I do 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 arinual 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.

A ... ONCONMOUNTS FOR CONTRACTOR