## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089628 (8)

BOCA GLADES RESTAURANT CORP.

Principal Place of Business		Mailing Address				i indiinas san ikidi kessi dain darti datit füngt i	#11# 1#11# #11	im 1168) (8(1 1841
7875 GLADES ROAD BOCA RATON FL 33434		700 WILLIS AVENUE WILLISTON PARK NY 11596			DO NOT WRITE IN THIS SPACE			
<del>.</del>						3. Date Incorporated or Qualified 11/22/1995		
2. Principal Plac	2. Principal Place of Business		20. Mailing Address			4. FEI Number		Applied For
21		26				65-0696367		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Zip	Country 25	<b>Z</b> (p)	30	untry		This corporation owes or has paid the or Personal Property Tax due June 30.	urrent yea	r Intangible
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent Name			
POLL, DEAN 10205 COLLINS AVENUE APARTMENT 1707 BAL HARBOUR FL 33154					Name Street Addr	ess (P.O. Box Number is Not Acceptable)		

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 agont, 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

City

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature typed or product name of registered against and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P	DELETE	1.1 TITLE	Change Addition					
NAME	POLL, DEAN		1.2 NAME						
STREET ADDRESS	700 WILLIS AVE.		1.3 STREET ADDRESS						
CITY-ST-ZIP	WILLISTON PARK NY 11596		1.4 CITY - ST - ZIP						
TITLE	V	DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME	POLL, GILLIS		22 NAME						
STREET ADDRESS	700 WILLIS AVE.		2.3 STREET ADDRESS						
CITY-ST-ZIP	WILLISTON PARK NY 11596		2 4 CITY-ST-ZIP						
TITLE	78	☐ DELETE	31 TITLE	Change Addition					
NAME	POLL, GEORGE		3.2 NAME						
STREET ADDRESS	700 WILLIS AVE.		3.3 STREET ADDRESS	· ·					
CITY - ST - ZIP	WILLISTON PARK NY 11596		3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE	Change Addition					
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS	ļ					
CITY-SI-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME			5.2 NAME						
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			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY - ST - ZIP						

died with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information should arrive the port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an include the properties of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a placehold with an address. Thereby certify that the information supplied indicated on this annual report in supplied officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

SIGNATURE:

4/28/98

(516)742-4433

**FILED** 

May 13 1998 8:00am

Secretary of State

Zip Code

85