## 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 #

P95000096083 (7)

FIRST BEEFS, INC.

**FILED** May 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						I HORRIGON HIG FOIGH ONNI ODNIK ODNIK ODNIK ODNIK ONNIK ONNIK ONNIK SAHAD SAHAD HILI HODA	
11274 W. HILLSBOROUGH AVE		4230 S MACDILL AVE					
SUITE O		SUITE E			DO NOT WRITE IN THIS SPACE		
TAMPA FL 33635 US		TAMPA FL 33611 US				3. Date Incorporated or Qualified	$\neg$
00		00				12/19/1995	1
2. Principal Place of Business 2a. Mailing Addi			ress			4. FEI Number Applied For	ㅓ
21		26	в]			59-3351268 Not Applicable	e
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	٦
22	E 44.1. L. L. 14.1. 17	27	L			Fee Required	┙
City & State City & S			ale			6. Election Campaign Financing \$5.00 May Be	
<b>23</b> Zip	Country	700	8 Country			Trust Fund Contribution Added to Fees	$\dashv$
24	25 29 30			JI 111 Y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	g, Name and Address of Currer		30	Г	<del></del>	10. Name and Address of New Registered Agent	ᅥ
STRONG, GARY					Name		ヿ
	74 W HILLSBOROUGH AVE			-	- Ct A -	John C. C. Davidian have a Nat Association	긕
TAMPA FL 33835				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
174	m A 1 E 00000			83			乛
				84	- C:	85 Zıp Code	긕
				0*	City	FL  85   Zip Code	١
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Stat	tutes, the a	bove	-named co	corporation submits this statement for the purpose of changing its registered	ıП
agent. La	egistered agont, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505,	s authorize Florida Sta	ia by tutes	rtne corpor 3.	pration's board of directors. I hereby accept the appointment as registered	İ
SIGNATURE							
	Signature, typed or printed name of registered au-			d Age	ni signature rec	equired when reinstating) DATE	4
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	T. C		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	ᅴ
TITLE	PODMAN TED	L. Dittit	1.1 7			Change National	"丨
NAME	DORMAN, TED 11274 W HILLSBOROUGH AV	e.	1.2 N		100000		١
STREET ADDRESS CITY-ST-ZIP	TAMPA FL	IE.			ADDRESS		١
TITLE	S	DELETE	2.1 T	ITY-S ITLE	1-217	☐ Change ☐ Addition	ᆏ
NAME	STRONG, GARY		2.2 h			_ · _	-
STREET ADDRESS	11274 W HILLSBOROUGH AV	Æ		_	ADDRESS		Į
CITY-ST-ZIP	TAMPA FL	· <b>-</b>			ST - ZIP		١
TITLE		☐ DELETE	3.1 T		İ	Change Addition	ᆀ
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	TREET	ADDRESS		
CITY+ST-ZIP			3.4. (	NTY-5	37 - ZIP		[
TITLE		☐ <b>D</b> ELETE	4.1 T	ITLE		Change Addition	n
NAME				MAME			
STREET ADDRESS			4.3 S	TAEET	ADDRESS		
CITY-ST-ZIP				ITY-S	T-ZIP		_
TITLE		☐ DELETE	5.1 T			L. Change L. Addition	n
NAME			5.2 N				
STREET ADDRESS					ADDRESS		Ì
CITY-ST-ZIP		DELETE		ITY-S	T-ZIP	☐ Change ☐ Addition	ᅱ
TITLE		☐ MILLE	6.1 T			L CHANGE L Addition	"
NAME etoccy annheed				AME TOTET	ADDRESS		1
STREET ADDRESS				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
CITY-ST-ZIP			■ 0.41	111-9	1-515		

14. I 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 supplimental 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 organ interhment with an address.

4/28/98

813-854-1868