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

PROFIT CORPORATION ---ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000096083 VOC

First Beefs, Inc.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90270 026 ***150.00

, , , ,						
Principal Plac	274 W. Hillsborough Ave 4230 S. MacDill Ave 50 te Q Soite E mpa FL 33635 Tampa FL 33611 incipal Place of Business 2a. Mailing Address 2b. 14502 N. Dale Mabr Suite, Apt. #, etc. 27 Suite 200 City & State 28 Tampa FL Country 29 33618 30 USA 9. Name and Address of Current Registered Agent 81 Name			_		
,			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/19/95 4. FEI Number Dole Mabry Hu 59-3351268 8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution 6. Election Campaign Financing Fee Required 7. This corporation owes the current year intangible Personal Property Tax. Xves No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code Statusbes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the Corporation's board of directors: I hereby accept the appointment as registered was authorized by the Corporation's board of directors: I hereby accept the appointment as registered 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 12. NAME 13. STREET ADDRESS 14. CITY. ST. ZIP TE 2.1 TITLE 22. NAME 23. STREET ADDRESS 34. CITY. ST. ZIP TE 4. TITLE 13. Change Addition Change Addition			
	274 W. Hillsborough Ave Site E Site E Tampa FL 33635 Tampa FL 33631 3. Date Incorporate 12/19/6 4. FEI Number 26 USD N. Date Mabry Huy 59-33 Suite, Apt. #, etc. 27 Suite 200 City & State Trust Fund Contry 28 Tampa FL Trust Fund Contry 29 3368 30 USA Personal Propert 9. Name and Address of Current Registered Agent To. Name and Address (P.O. Box Number in 10. Name and Address of Comparing the composition of Sacry Street Address (P.O. Box Number in 1274 W. Hillsborough Ave Tampa FL 33 Street Address (P.O. Box Number in 1274 W. Hillsborough Ave Tampa FL 34 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this state office or registered agent, or both, in the State of Florida: Such change was authorized by the corporation's board of directors: In 128 Agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. NATURE Signature, typed or printed name of registered agent and talle (I applicable (NOTE: Registered Agent signature required when reinstating)			DO NOT WOITE IN THE	00105	
		_	221-11		SPACE	
Tampo	FL33635	iampath	2 22 611	1		
2. Principal F	Place of Business	2a. Mailing Address			- Ap	plied For
21		26 14502 N.	Dale Mabrut	tur 59-3351268	_ 	·
	#, etc.		/	<u> </u>	\$8.75	Additional
22			<u> つり</u>	J. Certificate of Status Desired	Fee Re	quired
	te	——————————————————————————————————————	4-0			
23 Zin	Country	28 Jampa	Country			o Fees
24	<u></u> -	331-18				Пио
24			30 0.3-4			
			81 Name			
Garu	1 strong	4	92 Stroot Add	dropp (B.O. Boy Number is Not Acceptable)		
11274	1 W. Hillsborou	iah Ave	62 Street Add	dress (P.O. Box Number is Not Acceptable)		
		J '	83			
10cm	pa FL 33639	5	84 City		85 Zip (Code
	,			Fl	- July 1	J000
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	ites, the above-named cor	poration submits this statement for the purpose o	changing its	registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, F	orida Statutes.	tion's board of directors. Thereby accept the appo	munem as re	gistored
SIGNATURE						
40					ND DIDECTO	DC IN 12
12.	D OFFICERS AND	DELETE		ADDITIONS/CHANGES TO OFFICERS A		
NAME	TED DORMAN	<u></u>				
STREET ADDRESS	11-44 - 45 - 46	ovan Ave				
CITY-ST-ZIP	Tampa FL 33L	935	E I			
TITLE	5	☐ DELETE			Change	Addition
NAME	Gary Strong		2.2 NAME			
STREET ADDRESS	11274 W. Hillsbo	rough Ave	2.3 STREET ADDRESS			
CITY-ST-ZIP	Tanoa FL 336	350	2.4 CITY-ST-ZIP			
TITLE	Janyon - 330	☐ DELETE	3 1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE		☐ DELETE			☐ Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP		□ DELETE			Chapas	☐ Addition
TITLE		☐ DELETE	6.2 NAME		□ change	☐ Addition
NAME			6.3 STREET ADDRESS			
STREET ADDRESS	t .		# 0.3 3 INCE! MUUREGG			
COTA OT TIP			6.4 CITY-ST-ZIP			

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 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 one an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #