

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097079 (4)

1. Corporation Name

CUMULUS GROUP, INC.

Eric's Bar-B-Q CO., INC.

Principal Place of Business

10032 PINES BLVD
PEMBROKE PINES FL 33025

Mailing Address

611 SW 178 WAY
PEMBROKE PINES FL 33029-4106

FILED
Jun 20 1997 8:00am
Secretary of State

2. Principal Place of Business	25. Mailing Address
21. 611 SW 178 WAY PEMBROKE PINES, FL 33029	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. PEMBROKE PINES, FL	28. Zip
24. 33029-4106	29. Country
30. USA	

3. Date Incorporated or Qualified	36. Date of Last Report
12/18/1995	03/28/1996
4. FEI Number	Applied For
65-0633536	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes ☒ No ☐

GORDON, ERIC
611 SW 178 WAY
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 _____ (NOTE: Registered Agent signature required after 6/30/97)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTB	11. TITLE	
NAME	GORDON, ERIC M	12. NAME	
STREET ADDRESS	611 SW 178 WAY	13. STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL 33029	14. CITY, ST, ZIP	
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

000002219620
-06/23/97--01075--019
***165.00

CC 6-20

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I am not an officer or director of the corporation.