

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90259 044 ***150.00

DOCUMENT # P96000034592

1. Corporation Name
CLEMATIS BISTRO CORPORATION

Principal Place of Business

330 CLEMATIS ST
SUITE 211
WEST PALM BEACH FL 33401
US

Mailing Address

330 CLEMATIS ST
SUITE 211
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

21 222 CLEMATIS ST
Suite, Apt. #, etc.

22 SUITE 202

23 WEST PALM BEACH, FL
City & State

24 33401
Zip

25 USA
Country

2a. Mailing Address

26 222 CLEMATIS ST
Suite, Apt. #, etc.

27 SUITE 202

28 WEST PALM BCH FL
City & State

29 33401
Zip

30 USA
Country

9. Name and Address of Current Registered Agent

MAX, DENNIS
490 E. PALMETTO PARK RD
SUITE 110
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

65-0675648

Applied For

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name VISCONTI, GERALD

82 Street Address (P.O. Box Number is Not Acceptable)

222 CLEMATIS ST

83 SUITE 202

84 City WEST PALM BCH FL

85 Zip Code 33401

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME VISCONTI, JOSEPH C
STREET ADDRESS 5255 FLAGLER DR, SUITE 400
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME BRISSON, DALE J
STREET ADDRESS 330 CLEMATIS ST #211
CITY-ST-ZIP WEST PALM BCH FL

TITLE PD ☒ DELETE

NAME MAX, DENNIS
STREET ADDRESS 490 E. PALMETTO PARK RD, SUITE 110
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0340819