## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	MEN 1 # P9600 iers Oyster Bar & Grid	0037310 (5) L SOUTH, INC.							
Principal Plac	e of Business	Mailing Address				-		#### <b>                                  </b>	
4459 N. PINE HILLS RD. ORLANDO FL 32808		4459 N. PINE HILLS RD. ORLANDO FL 32808		DO NOT WR	ITE IN THI	S SPACE			
						3. Date Incorporated or Qualific 04/30/1996		Date of Last R	eporl
<del></del>	lace of Business	2a. Mailing Address			4. FEI Number		An	oplied For	
21	N	26			59-3377705			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	<u> </u>	\$8.75 / Fee Re	equired	
City & Stat	e 	City & State				6. Election Campaign Financing Trust Fund Contribution	) 	\$5.00 Added t	May Be to Fees
Zip	Country	Zıp		Country		8. This corporation owes or has	•		tangible No
24	9, Name and Address of Curre		30			Personal Property Tax due Ju 10. Name and Address of New			
KE	IDAISH, PHILIP K JR.	itt trogistorea regent	81	N	ame	10. Name più Addiosa di 104	1 togistore	o rigorit	
	5 WEKIVA SPRINGS RD.		82	9	root Addr	ess (P.O. Box Number is Not Accer	slable)		····
SU	ITE 800			L		Cos (1.0, Dox Normac) is Not Acce.			
LO	NGWOOD FL 32779		63				_		
			84	С	ity		F	<b>85</b> Zip (	Code
agent. I a SIGNATURE	to the provisions of Sections 607.05 egisterod agent, or both, in the Stat im familiar with, and accept the oblig signature typed or printed name of registered agents.  OFFICERS At	gations of, Section 607.0505, Flo	orida Statute	S.		ed when roinstating)  ADDITIONS/CHANGES TO OF	DATE		
TITLE	D	···		1.1 TITLE			, , , , , , , , ,	Change	Addition
NAME	HAKIM, GEORGE E		1.2 NAME	.2 NAME		1			
STREET ADDRESS	4459 N. PINE HILLS RD.		1.3 STREET AD		RESS				
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY - ST - 7IP		<u>,                                    </u>				
TOTLE		☐ DELETE	2 1 1 1 TLE		- [			∐ Change	
NAME	•		1	2 2 NAME					
STREET ADDRESS			2.3 STAFET ADDRESS 2.4 City-St-7iP		- 1				
CITY-ST-ZIP				3.1 TITLE			~ <del>~~</del>	Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADD	RESS				
CITY-ST-ZIP			3.4. CITY-	S1 - 21	p				
TITLE		☐ DELETE	4.1 TITLE		7-			Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET		AESS				
CITY-ST-ZIP		Priese	4.4 City-		<u>,                                    </u>				1.222
TITLE		DELETE	5.1 TITLE	i				☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET		- 1				
CITY-ST-ZIP TITLE	DELFTE			5.4 CITY-ST-ZIP 6.1 TITLE				Change	Addition
NAME .			6.2 NAME						
STREET ADDRESS			6.3 STREET	I ADD	RESS				
CITY_ST_7/P			6.4 CITY - S		I	.7			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, 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 a man officer or director of the corporation or the receiver or trustee empowered to execute this report as a going by Chapter 607 florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. serve legal effect as if made under oath; that florida Statutes; and that my name

Jul 31 1997 8:00am

Secretary of State