May 01, 1999 8:00 am Secretary of State

05-01-1999 90072 039 \*\*\*150.00

## . 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

## DOCUMENT # P9600050723

1. Corporation Name

FLYERS WINGS & GRILL OF LAKE MARY, INC.

, , , , ,	THIRD & GIVE OF EPIKE II						
Principal Place	e of Business	Mailing Address			1 (2011) 201 101 101 10 101 10 10 10 10 10 10 10 1	<u> </u>	IN 12880 1611 (KN)
'		3689 LAKE EMMA RD.			ļ		
3689 LAKE EMMA RD. 3689 LAKE EMMA RD. Store G-2 Store G-2							
LAKE MARY FL 32746 LAKE MARY FL 32746					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					06/13/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
21 26					59-3383305		lot Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
22 27							Required
City & State City & State					6: Election Campaign Financing		May Be
23	G-v-tm.	7:0	Country		Trust Fund Contribution		to Fees
Zip	Country	Zip	<b>-</b>	<b>,</b>	8. This corporation owes the current year I	ntangible Yes	□No
24	25]	29 3	<u> </u>	<del></del> _	Personal Property Tax.  10. Name and Address of New Registere		
!	9. Name and Address of Current	Kegistered Agent	81	Name	IV. Hallis site Address of New Registers	2 rigotii	
TRISCARI, CONNIE							
3689 LAKE EMMA RD.			82	Street A	ddress (P.O. Box Number is Not Acceptable)		l
STORE G-2			83				
1	MARY FL 32746		}	1			
			84	City	F	<b>85</b> Ζίρ	Code
44 5	4. II	and COT 4500 Florido Ctatutos	the share	2 22224			e registered
11. Pursuant to the provisions of Sections 607.0502 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 11.							
agent. I a	m familia with, and accept the obligati	ons of Section 417,0505 Floric	la Statutes	<b>5</b> .	നപ പ	~~	}
SIGNATURE	Grank 1	yallo			OH-29-	44	
12	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	T\$	DELETE	1.1 TITLE		ABBITIONS STRATEGIST OF STREET	Change	
NAME	MATTIOLI, FRANK		1,2 NAME				_
. "	3689 LAKE EMMA RD., STORE	£9	1	T ADDRESS			
LAVE MADY EL COZAC				1			
CITY-ST-ZIP	P P	☐ DELETE	1,4 CITY-S 2,1 TITLE	11-ZIP		☐ Change	☐ Addition
TITLE	•		2.2 NAME			_ ,	-
NAME	TRISCARI, CONNIE   3689 LAKE EMMA RD., STORE (	2.9	1	TARORECE			
STREET ADDRESS		3-2		TADDRESS			[
CITY-ST-ZiP	LAKE MARY FL 32746	. DELETE	2. 4 CITY-5 3.1 TITLE	SI-ZIP		Change	Addition:
TITLE 	V SMATTION SMERIE		3.1 TITLE 3.2 NAME		<u> </u>		انتا استعداد الله
NAME	MATTION, MILLIE	2.0		TADORESS			
STREET ADDRESS	3689 LAKE EMMA RD., STORE (	FL	1	T ADDRESS			ł
CITY-ST-ZIP TITLE	LAKE MARY FL 32746	☐ DELETE	3.4. CITY-5	51-ZP		☐ Change	Addition
1			4.1 IIILE 4. 2 NAME				
NAME							
STREET ADDRESS				T ADDRESS			ĺ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	iT-ZIP		☐ Change	Addition
TITLE		FT DEFEIC	5.1 TITLE 5.2 NAME	}			C righted
NAME				T ADDRESS			~
STREET ADDRESS							
CITY-ST-ZIP	<u></u>	DELETE	5.4 CITY-S 6.1 TITLE	11-217		Change	Addition
TITLE		T DETELS		ľ		_ criange	
NAME			6.2 NAME	T 4000500			[
STREET ADDRESS			■ 0.3 STREE	TADDRESS			J

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP