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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1998

GREG!	MENT # P96000 S STEAK-N-SHRIMP, INC.	052624 (9)  Mailing Address			
165 N. YOUNGE \$T. ORMOND BEACH FL 32174		801 RIVER OAK DR. West ormond beach FL 32174			
OHMOND RE	ACH FL 32174	MEST OHWOUR REACH I	L 321/4	DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified 06/16/1996	
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 59-3397909	Applied For Not Applicable
Sulte, Apt.	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat		City & State	*		Fee Required
23	<b>V</b>	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7(p	Country 30	This corporation owes or has pair  Personal Property Tax due June 3	
24]	9. Name and Address of Current		301	10. Name and Address of New Reg	
GΔ	MBERT, WILLIAM N ESQ.		81 Namo		<u> </u>
400 ON APP BEACH AVENUE CHIEF 404				ess (P.O. Box Number is Not Acceptable	٥)
	YTONA BEACH FL 32118		or Street Additi	ess (F.O. Box Number is Not Acceptable	
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the pu	
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 Statute 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 obligation of Section 607.0505, Florida Statutes.					
SIGNATURE	Gregous,	Deex Mes.		4	1-18.98
			Registered Agert signature require	ed when reinstating)	DATE
12.	OF TOTAL AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	BEER, GREGORY	[_] DECCIE	1.1 TIFLE 1.2 NAME		Change Addition
STREET ADDRESS	801 RIVER OAK DRIVE WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TillE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Devete:	2.4 CHY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME PERCET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS  3.4. CITY - ST - ZIP		
CITY-SI-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		—	4. 2 NAME		_ • -
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SY-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 YOLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ better	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
14 I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption stated in !	Section 119.07(3)(i), Florida Statutes. I fi	urther 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.					