

REGISTRATION FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90103 002 ***150.00

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

DOCUMENT # P96000057184

1. Corporation Name
GALAXY GRILLE, INC.



DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
 C/O MR. LOUIS COHEN. MOORE. CALER. DONTEN C/O MR. LOUIS COHEN. MOORE. CALER. DONTEN
 505 S. FLAGLER DRIVE. SUITE 900 505 S. FLAGLER DRIVE. SUITE 900
 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

3. Date Incorporated or Qualified

07/08/1996

4. FEI Number

65-0677514

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILDAN, LAURIE L
777 S FLAGLER DRIVE
SUITE 310 EAST
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.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 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 appointed with, and accept the office of, the registered agent, in accordance with Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D CIMINELLA, MAURIZIO**
 STREET ADDRESS **121 BUNKER RANCCH ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D GITTIS, HOWARD**
 STREET ADDRESS **505 S FLAGLER DRIVE, SUITE 900**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D KIMMEL, SIDNEY**
 STREET ADDRESS **200 VIA BELLARIA**
 CITY-ST-ZIP **PALM BEACH FL 33480**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D MANFRA, GLEN**
 STREET ADDRESS **115 DUNES EDGE ROAD**
 CITY-ST-ZIP **JUPITER FL 33477**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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:

Maurizio Ciminella MAURIZIO CIMINELLA 0128 99 833 9909
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)