

INCREASE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

02-17-1999 90103 002 ***150.00

DOCUMENT # P96000057184

1. Corporation Name

GALAXY GRILLE, INC.



Principal Place of Business

Mailing Address

C/O MR. LOUIS COHEN. MOORE. CALER. DONTEN
505 S. FLAGLER DRIVE. SUITE 900
WEST PALM BEACH FL 33401

C/O MR. LOUIS COHEN. MOORE. CALER. DONTEN
505 S. FLAGLER DRIVE. SUITE 900
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Suite, Apt. #, etc.

City & State

30

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 a resident of the State of Florida, and am at the office of the corporation at the time of filing this statement. 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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAURIZIO CIMINELLA 0128 99 833 9909

CR2E034 (11/98)