FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

Mailing Address

250 APOLLO BEACH BLVD.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

250 APOLLO BEACH BLVD.



FLORIDA DEPARTMENT OF STATE

May 14 1997 8:00am

Secretary of State

19-97

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000059843 (8)

SIDELINES BAR AND GRILL OF APOLLO BEACH, INC.

APOSSO DEN	UN 11 99012		'n	OCCO DENVITE GOST	. 2200				
								3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1996	
2. Principal Place of Business			28.	2a. Mailing Address				4. FEI Number Applied For	
<u>il</u>			26					59-33894/3 Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
- -			28	* · · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution Added to Fees	
Zip	Country			Zip Cou			•	8. This corporation has liability for intaggible tax under s. 199.032,	
4		25	29		30			Florida Statutes Yes No	
		and Address of Currer	nt Regis	stered Agent		1		10. Name and Address of New Registered Agent	
FRIEDRICH, RON F						B1	Name	e	
		INRISE DRIVE		\[\bar{\text{B}}			B2 Street Address (P.O. Box Number is Not Acceptable)		
APOLLO BEACH FL 33572									
						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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pinted name of registered agent and talk if applicable (NOTE Firepstered Agent signature required when reinstating) DATE									
12.	Signature, typed	OFFICERS AN			13.	o Age	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	OTTIOLIS AIV	DUINE	DELETE	111	III F		Change Addition	
NAME		CH, RON F		<u></u>	1.21				
STREET ADDRESS		KE SUNRISE DRIVE					ADDRESS		
CITY-ST-ZIP	ADOLLO DELOU EL SORTO								
TITLE		DD:1017112 00072		DELETE	217	IIY-S	1.516	Change Addition	
NAME					2.2 N			La round	
STREET ADDRESS							ADDHESS		
CITY-ST-ZIP	1				1		ST- ZIP		
TITLE				DELETE	3.11		<u>, , , , , , , , , , , , , , , , , , , </u>	Change Addition	
NAME				-	3.2 N		Ì		
STREET ADORESS	 						ADDRESS		
CITY-ST-ZIP							S1 - ZIP		
TITLE			- -	DELFTE	4.1.3		27 211	Change Addition	
NAME					4.2	VAM ([
STREET ADDRESS					4.3.5	IRFFT	ADDRESS	S	
CITY-ST-ZIP						ITY-S			
TITLE				☐ DELETE	5.1 7		· · · · · ·	Change Addition	
NAME)				521	IAME	Ì		
STREET ADDRESS					1		ADDRESS	s	
CITY-ST-ZIP						31Y-S			
TITLE	<u> </u>			DELETE	6.1 T			☐ Change ☐ Addition	
NAME					6.2 N				
STREET ADORESS							ADDRESS	s l	
CITY-ST-ZIP					ı	HIY-S	l		
14. I do herel					ify for the	exe	mption s	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 quistoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.									