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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000062793 (0) DOCUMENT #

Block 12 or Block 13 if changed, or on an attachment with an address.

BAY CITY BISTRO, INC.

Principal Place of Business 4240 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Mailing Address

2a. Mailing Address

4240 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410

## **FILED** Feb 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date incorporated or Qualified 07/25/1996

4. FEI Number

21		26			65-0680960	Not Applica	able
Suite, Apl.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona	31	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	y & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Z <sub>i</sub> p	Country	<i>'</i>	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	X Yes No	
<del></del>	9. Name and Address of Current	Registered Agent	81	No	10. Name and Address of New Registe	red Agent	
	SEPH, THOMAS R JR		81	Name			- 1
4240 NORTHLAKE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)			
<sub>/</sub> PA	ALM BEACH GARDENS FL 33410				· · · · · · · · · · · · · · · · · · ·		
			83				ĺ
			84	City		85 Zip Code	
					poration submits this statement for the purpo- tion's board of directors. I hereby accept the		
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.050	5, Florida Statutes	лие согрога: 3.	non's board or directors. Thereby accept the	appointment as registere	30
SIGNATURE							,
	Signature, typed or printed name of registered agen		(NOTE Registered Age	int signature requir			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D D	☐ DELETE		İ		☐ Change ☐ Add	lition
NAME	JOSEPH, THOMAS R JR		1.2 NAME	}			ł
STREET ADDRESS	4240 NORTHLAKE BLVD	***	1.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 3		1.4 CiTY - S	T-ZIP			
TITLE	0	☐ DELETE	2.1 TITLE			☐ Change ☐ Addi	iilion
NAME	LANE, JOHN P		2.2 NAME				1
STREET ADDRESS	4240 NORTHLAKE BLVD	• • • •	2.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 3		2. 4 CITY - S	ST-ZIP			
TITLE	D D	☐ DELETE	3.1 TITLE			☐ Change ☐ Addi	lition
NAME	CLODFELTER, DOUGLAS J		3.2 NAME				1
STREET ADDRESS	4240 NORTHLAKE BLVD		3.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 3		3.4. CITY - S	31-21P			
TITLE		DELETE	4.1 Tille	}		☐ Change ☐ Addi	ilion
NAME			4. 2 NAME				i
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T- ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addi	Jition
NAME			5.2 NAME				- [
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-21P			
TITLE		DELETE	6.1 TITLE		······································	☐ Change ☐ Addi	ition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	1-2IP			\
14. I hereby o	pertify that the information supplied wit	n this filing does not qual	lify for the exempt	lion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the informati	ion
officer or	director of the corporation or the recei	annoai report is true and ver or trustee empowered	i accurate and tha d to execute this r	ıı my signatui report as requ	re shall have the same legal effect as if made pired by Chapter 607, Florida Statutes; and the	e under oath; that I am ar nat my name appears in	'