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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063915

Corporation Name

GRILL ENTERPRISES, INC.

Principal Place of Business Mailing Address						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
1315 BRADDOCK RD ENTERPRISE FL 32725		P.O. BOX 4282 ENTERPRISE FL 32725			DO NOT WRI	re in This	SPACE		
	, ,					3. Date Incorporated or Qualifed 07/29/1996			
Principal Place of Business 2a. Mailing Address						4. FEI Number	_	A	oplied For
21	26				59-3396027		. No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75	Additional
27		27			5. Certificate of Status Desired	·	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr	y		8. This corporation owes the curre	ent year Int		_
24	25	. 29 . 3	0			Personal Property Tax.		¥Yes	□No
	9. Name and Address of Curren	t Registered Agent		. 1		10. Name and Address of New F	egistered	Agent	
ODNI MALEDIE				1 1	Name				
GRILL, VALERIE			8:	2 5	Street Addre	ss (P.O. Box Number is Not Accepta	ble)	1	
1315 BRADDOCK RD									
ENTERPRISE FL 32725			8:	3					
•			84	4 (City			85 Zip	Code
				1	•		FL	-	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized b'	v the	named corpo e corporation	ration submits this statement for the 's board of directors. I hereby accep	purpose of it the appoi	changing its intment as re	s registered egistered
SIGNATURE	S								
	Signature, typed or printed name of registered ager			ent si	gnature required	when reinstating)	DATE	ID DIDECT	DDC (N. 12
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	-ICERS AF	☐ Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE					□ Cilarige	[] Addition
NAME	GRILL, VALERIE		1.2 NAME		'				•
STREET ADDRESS	1315 BRADDOCK RD		1.3 STRE	ET AD	DDRESS				
CITY-ST-ZIP			1.4 CITY-		IP			—————	☐ Addition
TITLE	_		2.1 TITLE					☐ Change	☐ Addition
NAME		RILL, THOMAS							}
STREET ADDRESS			2.3 STRE	ETAD	DORESS				
CITY-ST-ZI₽			2. 4 CITY-		ZIP		<u> </u>	· / · · ·	- A 4400-
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME	•					
STREET ADDRESS			3.3 STRE	ETAD	DDRESS				Ì
CITY-ST-ZIP			3.4. CITY-		ZiP			["] C	□ A → disio -
TITLE	_	☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET AL	ODRESS				
CITY-ST-ZIP			4.4 CITY-		IP II				
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME	•	•	5.2 NAME					•	

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, of on an attachment with an address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

75050A JURE REQUERED

☐ DELETE

4-27-99

407-574-8484 Davime Phone #

☐ Change

Addition

(2E034 (11/98)

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90040 009 ***150.00