

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

FILED
Oct 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067718
1. Corporation Name
Fishbone Grille Two, Inc.

Principal Place of Business
626 S. Miami Ave.
Miami, FL 33130

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
2/14/97

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0168881	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24. Country	29. Country		

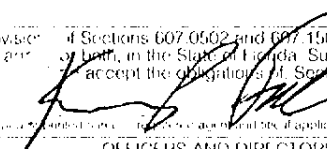
9. Name and Address of Current Registered Agent

Patrick J. Gleber
1717 N. Bayshore Drive
Miami, FL 33132

10. Name and Address of New Registered Agent

81. Name Kieron P. Fallon	85. Zip Code 33130
82. Street Address (P.O. Box Number is Not Acceptable) 80 SW 8th ST. #2804	
83. City Miami	
84. State FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent Signature required when re-registering) DATE: 9/25/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	☐ DELETE	1.1 TITLE Change ☐ Addition ☐	
NAME Patrick J. Gleber		1.2 NAME	
STREET ADDRESS 1717 N. Bayshore Drive		1.3 STREET ADDRESS	
CITY-STATE-ZIP Miami, FL 33132		1.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	2.1 TITLE Change ☐ Addition ☐	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE Change ☐ Addition ☐	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE Change ☐ Addition ☐	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE Change ☐ Addition ☐	
NAME		5.2 NAME	6000002653986
STREET ADDRESS		5.3 STREET ADDRESS	-10/02/98-01008-013
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	***150.00
TITLE	☐ DELETE	6.1 TITLE Change ☐ Addition ☐	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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. I changed it on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. GLEBER 9/28/98 (JOS) 374 1198

CR2E034 (10/97)