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 # P96000069880

GADD ZOOCK'S EATERY, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90037 019 ***150.00



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Principal Place	of Rusiness	Mailing Address	Mailing Address) IMM LIMB & THE MAINT MAINT BANK BANK BANK BANK BANK BANK BANK BANK			
2906 GRAND BOULEVARD HOLIDAY FL 34690		2908 Grand Boulevard Holiday Fl 34690				DO NOT WRITE IN THIS SPACE			
					;	3. Date Incorporated or Qualifed 08/07/1996			
2. Principal Pla	ace of Business	2a. Mailing Address			- 1	4. FEI Number			Applied For
├ ─, '		26			59-3430597 No		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	
<u> </u>		27		'	5. Certifcate of Status Desired		Fee	Required	
City & State		City & State			6. Election Campaign Financing		\$5.0	0 May Be	
		28]	Trust Fund Contribution			d to Fees	
Zip Country		Zip Country			8. This corporation owes the curr	ent year Intar	ngible		
24	25	29 30]		1	Personal Property Tax.		Yes	□No
	9. Name and Address of Current				1	0. Name and Address of New F	Registered A	gent	
			81	Nan	ne				
LIND	ENTHAL, FRANK E								
	GRAND BOULEVARD		82	Stre	eet Address	(P.O. Box Number is Not Accepta	able)		i
HOUDAY FL 34690			83	1					
				l					
			84	City	1		FL	85 Zi	p Code
44 Durgunet	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	e-nam	ned corporat	tion submits this statement for the	purpose of c	hanging	its registered
office or re	existered agent or both in the State of	if Flonda. Such change was auth	onzea ov	tne co	orporation's	board of directors. I hereby accept	ot the appoint	ment as	registered
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	5.					
SIGNATURE	Signature, typed or printed name of registered agent	and the dispolicable (NOTE: Re	nistered Ane	nt signati	ture required who	en reinstatino)	DATE		···
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	-				☐ Chang	
NAME	LINDENTHAL, FRANK E		1.2 NAME						
	2908 GRAND BOULEVARD		1.3 STREE	TARRE	Eee				
STREET ADDRESS		1			230				
CITY-ST-ZIP	HOLIDAY FL 34690	DELETE	1.4 CITY-5 2.1 TITLE	51-ZIP				Chang	e
TITLE	D	C occene						_ `	, _
NAME	LINDENTHAL, ROSEMARY E		2.2 NAME						
STREET ADDRESS	2908 GRAND BOULEVARD		2.3 STREE		ESS				
CITY-ST-ZIP	HOLIDAY FL 34690		2. 4 CITY-	ST-ZIP	<u> </u>			Chang	e Addition
TITLE		☐ DELETE	3.1 TITLE						
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRE	ESS				
CITY-ST-ZIP	·		3 4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Chang	ge Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDR	ESS				
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Chang	ge Addition
NAME (5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRE	ESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		_			Chang	ge Addition
			6.2 NAME						
NAME			6.3 STREE		ESS				
STREET ADDRESS									
CITY-ST-ZIP			6.4 CITY-	31-4IP	1				

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:

LINDENTHAL 4:30-99