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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000079775 (8)

FILED Mar 13 1998 8:00am Secretary of State

941-349-1243

BRINDI	LE S TABLES, INC.				
Principal Place of Business Mailing Address					9869 1866 1886 1888 810 1891
5400 OCEAN BOULEVARD 5400 OCEAN BOULEVARD			r		
UNIT 3-2 UNIT 3-2				DO NOT WRITE IN THIS SPACE	
SARASOTA F	L 34242	SARASOTA FL 34242		3. Date Incorporated or Qualified	3 3FAUE
				09/25/1996	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21	1400 01 24011033	26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	······································	6. Election Campaign Financing	\$5.00 May Be
23		26		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registere	d Agent
CA	rr, robert j		81 Name		
720 SOUTH ORANGE AVENUE			82 Street Addre	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34236			0.000,700		
			83		
}			84 City		85 Zip Code
				F	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	1502 and 607.1508, Florida Statute: ate of Florida. Such change was au- ligations of, Section 607.0505, Flor	s, the above-named corp uthorized by the corporati ida Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE					
[Signature, typed or printed name of registered		Registered Agent signature require		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	PST PALSE D	☐ DELETE	1.1 TITLE		Change Addition
NAME	BRINDLE, DAVID R		1.2 NAME		
STREET ADDRESS	5400 OCEAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	DC) EVE	1.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Document	2 4 CITY-ST-ZIP		Observation in the state of the
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Charac
TITLE		☐ DELE te	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	·	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- I priess	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 eath; 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 changes, or on an attachment with an address.