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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000089470 (4)

## FILED May 05 1997 8:00am Secretary of State

LUKE'S AMERICAN GRILL, INC.				
Principal Place of Business	Mailing Address		THE CONTROL OF THE PRINCE OF T	SALA CACILI ANDILI CRANI BANI 1884
2448 PINE RIDGE ROAD NAPLES FL 34109 NAPLES FL 34109-2007				
			3. Date incorporated or Qualified 3a 10/30/1996	, Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc	Suite, Apt. #, etc.		65.0706477_	Not Applicable \$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		Country	Trust Fund Contribution	Added to Fees
7-p Country <b>25</b>	29 30	Country	8. This corporation has liability for intang Florida Statutes	pible tax under s. 199.032,
g, Name and Address of Curre			10. Name and Address of New Register	
CATALANO FISHER GREGORY&SU	LLIVAN CHARTERED	81 Name ~)	a	
4001 TAMIAMI TRAIL NORTH			Street Address (P.O. Box Number is Not Acceptable)	
SUITE 404		83		
NAPLES FL 34103				
		84 City		85 Zip Code
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stal agent. I am familiar with, and accept the obli SIGNATURE.	e of Florida. Such change was aut gations of, Section 607.0505, Floric	horized by the corporation and statutes.	tion's board of directors. I hereby accept the	appointment as registered
Signature, typical or printed name of registered a	gent and title if applicable (NOTE: R ND DIRECTORS	legistered Agent signature require 13.	red when reinstating) DAT  ADDITIONS/CHANGES TO OFFICERS	
THE PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICEAS	Change Addition
1 7	<u>.</u>	1.2 NAME		
	Trail North 404	1.3 STREET ADDRESS		ַבָּן ט
CITY-ST-ZIP Naples, FL 3		1.4 CITY+ST-ZIP		
THLE	☐ DELETE	21 TITLE		Change Addition C
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CHY-ST-ZIP	DELETE	31 TIFLE		Change Addition
NAME	****	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
City - St - ZIP		3.4. CITY-ST-ZIP		
THEF	☐ DELETE	4 1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST ZIF	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
TITEE NAME	FT OFFEIT	5.2 NAME		FT purelès FT Vitaliani
STREET ADDRESS		5.3 STREET ADDRESS		
CITY SI - ZIP		5.4 CITY-ST-ZIP		
TOLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		<b>₽</b>
STREET ADDRESS		6.3 STREET ADDRESS		
City: \$1-7if	/ A	64 CiTY-ST-ZIP		
14. I do hereby certify that the information supply information indicated on this applied on the	ed with this filing abus not qualify	or the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I fut t my signature shall have the same legal effec	rther certify that the

1. I do hereby certify that the information supplied with this fifty of us not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual cept of supplied in under path is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam an officer or director of the copy align or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 if changed for its the empower of the exemption of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-15-97.

941.5979468

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