SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094535 (7)

ASTROS RESTAURANT, INC.

FILED Aug 27 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			Į.						
399 CHALLENGER ROAD 399 CHALLENGER ROAD											
CAPE CANAV	ERAL FL 32820	CAPE CANAVERAL FL 32920				DO NOT WRITE IN THIS COLOR					
					<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Rep			D	¬	
					3.	Date Incorporated or Qualified	3a. Da	Re of Last	нероп	-[
2 27 1 15	N	1 - 14-35- Aut Au				11/14/1996				4	
	Place of Business Astroaut Blvd	2a. Mailing Addless	mL I	314	4.	FEINUPORT 342130	/	\rightarrow	Applied For	-	
21 8810 Astronaut BVd 26 8810 Astronaut Suite, Apt. #, etc. Suite, Apt. #, etc.			UT 3	J I VCI		3,0,0.0			Not Applicable	4	
 					5.	. Certificate of Status Desired		T	Additional Regulred		
22 27 City & State City & State										4	
23 Cape Canaveral FL 28 Cape Canavera				II.	. 6.	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	-	
Zip Country Zip Court 24 32920 25 USA 29 32920 30 29 Name and Address of Current Registered Agent					<u></u>	This corporation owes or has p	_=_			\dashv	
24 329	20 25 USA		SA	0.	Personal Property Tax due Jun	_		Intangible ☐ No			
1 4 - 1	9. Name and Address of Current		10. Name and Address of New Registered Agent								
MA	YS, WILLIAM R		81	Name						7	
200 CHALLENGED DOAD											
CAPE CANAVERAL FL 32920					82 Street Address (P.O. Box Number is Not Acceptable)						
•	E CANATENAL I E OEGEO		83	 						┪	
										╛	
			84	City			FL	85 Zip	p Code	7	
44 Burewent	to the provisions of Postions 607 0602	and 607 1509 Florida Clat. dan	the show	o pamed	Looroorotio	on submits this statement for the	. –	l abanaina	ita raplatarad	4	
office or I	to the provisions of Sections 607 0502 registered agent, or both, in the State of	f Florida. Such change was aut	horized b	y the corp	poration's	board of directors. I hereby acc	purpose or ept the app	ointment a	as registered		
agent. Fa	rm familiar with, and accept the obligat	ions of, Section 607.0505, Floric	ia Statute	S.						1	
SIGNATURE										1	
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered OFFICERS AND DIRECTORS) 13.					ADDITIONS/CHANGES TO OFF	DATÉ	DIDECTO	2DC IN 10	٦,	
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NAME	:		6.2 NAME								
STREET ADDRESS	n.		6.3 STREET	ADDRESS							
CITY-ST-ZIP			6.4 CITY-5								
	by certify that the information supplied	with this filing does not qualify f			stated in Se	ection 119 07(3Vi) Florida Statut	es I further	certify the	et the	٦	

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 13 if changed, or on an interpretable and address.