## 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 # P96000096375

1. Corporation Name

MIKE'S BACKYARD GRILL, INC.

GOORLSS	-c-Haugh
Mailing Address	<i>J</i>

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90325 023 \*\*\*150.00



		COOKERS -C	-HON	<u> </u>	<u> </u>	
Principal Plac	e of Business	Mailing Address		<del>.</del>	I (Selice) the rests and selice a	
STATE N 8853	RD 7	6588 N STATE RD 7				
COCOMUT CRE	EK PL 33073	COCONNIT CREEK FL 33073			DO NOT WRITE IN THIS SPACE	
- 1100	22-SALLA U				3. Date Incorporated or Qualifed	
NEAL	V. KPT 14-53	71			11/25/1996	
O Principal D	lace of Business	2a. Mailing Address			4. FEI Number Applied Fo	or
ニ ノバへい		26 C M ha			65-0712210 Not Applic	
21 りも <u>る</u> Suite, Apt.	<u> </u>	Suite, Apt. #, etc.	<u> </u>		\$8.75 Addition	
22	<i>π</i> , <b>Β</b> ω.	27			5. Certificate of Status Desired Fee Required	
City & Stat	e .	City & State			6. Election Campaign Financing S5.00 May Be	<del></del>
_ ^ .	ounternak FL	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	<del></del>	8. This corporation owes the current year Intangible	,
24 330	25 25	29	30		Personal Property Tax. ☐ Yes ☑No	
	9. Name and Address of Curren	t Registered Agent			10, Name and Address of New Registered Agent	
	, , , , , , , , , , , , , , , , , , ,		81	Name		
	UANO, MICHAEL		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	B N STATE RD 7			1		
COC	CONUT CREEK FL 33073		83	, and the second		
			84	City	85 Zip Code	
	•		04	City	FL   S   Zip Code	_
SIGNATURE	Im familiar with, and accept the obligation of registered ager				ed when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	D	☐ DELETE	1.1 TITLE	·	Change A	Addition
NAME	PADUANO, MICHAEL SR		1.2 NAME			
STREET ADDRESS			1.3 STREE	TADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073		1.4 CITY- 9	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ A	Additio
NAME			2.2 NAME	1		
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP		•	2. 4 C/TY-	ST-ZIP		
TITLE -		DELETE:	3.1 TITLE		Change A	Additio
NAME			3.2 NAME			
STREET ADDRESS	_		3.3 STREE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ A	Additio
NAME	, .		4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP	,		4.4 CITY-5	ST-ZIP	<u> </u>	
TTTF	<u> </u>	☐ DELETE	5.1 TITLE		☐ Change ☐ A	Additio

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.

5.2 NAME

6.2 NAME

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

SIGNATURE:

TILE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Addition