Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90047 049 ***150.00

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 # P96000100716

1. Corporation Name

CARL'S DOWNTOWN, INC.

Principal Place of Business Mailing Address							
187 175TH TER	re	187 175TH	TERR				
	HORES FL 33708		N SHORES FL 3	3708			
US US							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
 		- La - Na - (t)					12/09/1996
2. Principal F	Place of Business	2a. Mailin	g Address				4. FEI Number Applied For
21		26	* · · · · · · · · · · · · · · · · · · ·				59-3417910 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired
22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27	Ct-to	<u>. کا د خار</u>		<u> </u>	
City & Sta	i e • .	— ·	State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	28 Zip			untry		
Zip				30	uniu y		8. This corporation owes the current year Intangible Personal Property Tax. Yes \(\subseteq \text{No} \)
24	25 9. Name and Address of Curr	29	laent	<u> </u>	_		10. Name and Address of New Registered Agent
	9. Name and Address of Cur	Bill Negistered A	-gont		81	Name	
FYF	RSTMAN, CARL			1			
	175TH TERR				82	Street A	Address (P.O. Box Number is Not Acceptable)
	INGTON SHORES FL 33708				83	"	
1,25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				00		
					84	City	FL 85 Zip Code
					لــــــــــــــــــــــــــــــــــــــ		corporation submits this statement for the purpose of changing its registered
SIGNATURE	Signature, typed or printed name of registered	_	le. (NOTE				required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST		DELETE	1.1 7	ITLE.		☐ Change ☐ Additio
NAME	FUERSTMAN, CARL				AME	- 1	
STREET ADDRESS	ANT ATERN TERR			138	TREET	ADDRESS	
	REDINGTON SHORES FL			- 1	ITY-S1		
TITLE	TECHNOTON ON ONE TE		DELETE	2.17			☐ Change ☐ Additio
NAME					IAME	ſ	
	j .					ADDRESS	
STREET ADDRESS	4			ı		- 1	
CITY-ST-ZIP TITLE			DELETE 7	3.1 T	DITY-S	1-ZIP	Change □ Additio
NAME				3.2 N			
	J			- 1		ADDRESS	
STREET ADDRESS					CITY-S	- 1	
CITY-ST-ZIP			DELETE	4.1 T		1-212	Change Addition
TITLE					NAME	ļ	
NAME				- 1		ADDRESS	
STREET ADORESS	Ï						
CITY-ST-ZIP			☐ DELETE	4,4 C	ITY-S	· LIF	Change Addition
TITLE				4	IAME		3.4.6.9
NAME						ADDRESS	
STREET ADDRESS	· [TY-S		
CITY-ST-ZIP			☐ DELETE	6.1 T		-235	☐ Change ☐ Additio
TITLE			"I Derrie		AME	1	
NAME							

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIRED ED NAME OF SIGNING OFFICER OR DIRECTOR