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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100929 (4)

DAN MARINO'S TOWN TAVERN OF BRICKELL, INC.

Principal Plac	e of Business	Mailing Address		I HADIIDDI IIT IDIID DIIII DOIII EDIII EDIII ERITI HADI	8844 8344 (848 HAFE 1841 IV)
4411 CLEVELAND AVE FT MYERS FL 33901 FT MYERS FL 33901-9011			l		
				3. Date Incorporated or Qualified 3: 12/09/1996	a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address	···	4. FEI Number	Applied For
21		26		65-0129541	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Cortificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip [29]	Country 30	This corporation has liability for intan Florida Statutes	gible tax under s. 199.032, s
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	ered Agent
GAR	gano, anthony j		81 Name		APPROVED
) royal palm square blvd : Iyers fl 33919	#26 0	82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
, , , , ,	1121015 00010		83		
			84 City		FL 85 Zip Code
OTTICE OF F	to the provisions of Sections 607.056 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	s authorized by the corpo	orporation submits this statement for the purporation's board of directors. I hereby accept the	on of phanoing its registered
SIGNATURE					
12.	Signature, typed or printed name of registered ag	gent and title if applicable (NO ND DIRECTORS	OIL Registered Agent's gnature re	equired when reinstating) Disputed when reinstating) Disputed when reinstating Disputed William Disputed Wi	ATE
TITLE	D	DELETE		DICE.O.	Change Addition
NAME	LAGESCHULTE, DAVID L		1.2 NAME	ple = 10.	
STREET ADDRESS	4411 CLEVELAND AVE		1.8 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901		1.4 City-St-ZiP		
TITLE	D	DELETE	2.1 TITLE) P	Change Addition
NAME	BRAWNER, TERRY		2.8 NAME		
STREET ADDRESS	4411 CLEVELAND AVE		2.8 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901	nt exc	2. 4 CITY - ST - ZIP		<u> </u>
TITLE	D D	☐ DELETE	-) S T	Change Addition
NAME	LYNCH, PAUL		3.P NAME		
STREET ADDRESS CITY-ST-ZIP	4411 CLEVELAND AVE FT MYERS FL 33901		3.B STREET ADDRESS		
TITLE	1 I MILIO I L 30001	DELETE	3.4. C(TY - ST - Z(P 4.1 TITLE		Change Addition
NAME			4. 2 NAME		C Ontaings C Automon
STREET ADDRESS			4 B STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-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		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		·
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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 changes, or pin an attachment with an address.

FILED

May 05 1997 8:00am

Secretary of State