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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003651 (1)

THE BACK LOT CAFE & CATERING CO.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		LIGORIODE ES INTER SONS BOTTO CONT. ADVID NOTE TITLE BLICK BLICK THAN 1001
7355 NW 41 STREET		7355 NW 41 STREET		
MIAMI FL 33166		MIAMI FL 33166		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				01/08/1997
2. Principal P	lace of Business	2a. Mailing Address	,. 	4. FEI Number Applied For
21 730		26 SAMEAS A	BOLL	65-07/7992 Not Applicable
Suite, Apt		Suite, Apt. #, etc.		SQ 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23 11/01	" EL	28		Trust Fund Contribution Added to Fees
Zip 24 331L	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 SSIL	old 25 DOOE	29 / \ 30	DISTOR	Personal Property Tax due June 30.
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
MERSHON, SCOTT				ELIZABETH MÚLET
18	51 S W 14 STREET		82 Str	treet Address (P.O. Box Number is Not Acceptable)
ML	AMI FL 33145			1851 SW 14571EET
			83	
			84 Cit	ity 85 Zip Code,
				"mismi FL " 33/45
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-nar	amed corporation submits this statement for the purpose of changing its registered
oπice or i	registered agent, or both, in the State of am familia) with, and accept the obligat	ir Florida. Such change was aut ions of, Section 607.0505, Floric	norized by the la Statutes.	e corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				4.28.98
OIGHATORIC.	Signature 1900 or printed name of registered agent		egistered Agent sigr	gnature required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DWINED PRESIDENT	Ø DELETE	1.1 TITLE	Change Addition
NAME	SCOTT MERSHAN		1.2 NAME	LIZ MOLES
STREET ADDRESS	1851 EM 14 STREET		1.3 STRFET ADDR	ress 1851 SW 14 STract
CITY-ST-ZIP	MIRMI FL 33145		1.4 CITY - ST - ZIP	
TITLE		☐ DELET E	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	•
STREET ADDRESS			2.3 STREET ADDR	RESS
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRI	AESS
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRI	RESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDR	RESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDR	RESS
CITY-ST-ZIP			6.4 CHTY-ST-ZIP	
14. Lhereby	certify that the information supplied with	this filing does not qualify for t	he exemption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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.

NONATURE LA

1/20.00