**FILED** 

Jul 22 1998 8:00am

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000012614 (8)

RED'S BACKWOODS BBQ, PALMETTO PARK, INC.						
				1 185/1881 110 1814 1881 1814 8814 8814 8814 8	MANA NONA ANDRA MANA ANDRA MARI	
Ĺ					1186 (LEIS 868) (186) 866 (86)	
Principal Place of Business		Mailing Address			illin albin althi sillit bilt loot	
2255 GLADES ROAD 2255 GLADES ROAD						
SUITE 110E SUITE 110E SUITE 110E BOCA RATON FL 33431				DO NOT WRITE IN THIS	SDACE	
BOUR RAIDN	rt 33431	BOCA RATON FL 33431		3. Date Incorporated or Qualified	- I	
•				02/07/1997	Ì	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number - 1/ ~ 1/	Applied For	
21 26			65-0725 450	Not Applicable		
		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu		
24	25		30	Personal Property Tax due June 30.	Yes No	
} <del></del>	9. Name and Address of Currer	nt Registered Agent	B1 Name	10. Name and Address of New Registered	Agent	
ROSE, VICTOR			B1 Name S	. Bree winner	ļ	
2255 GLADES ROAD			82 Street Addr	82 Street Address (P.Q. Box Number is Not Agceptable)		
SUITE 110E			83	2255 Glades Road - 110 E		
BOCA RATON FL 33431			63			
			84 City Co Z	A RATIN FL	85 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and facept the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE 5 BOVO NVMOO TIBIGE						
Stynature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent algorithm (Popular When reinstating)						
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	F	
TITLE	D A BOULOT	DELETE	1.1 TITLE	CD INCOME	Change (X) Addition	
NAME	WUNNER, S. BRUCE	<b>-</b>	1.2 NAME 5	255 Flades food - 110 (	}	
5004 S1701 S1 40104						
CITY-ST-ZIP	BOCA RATON FL 33431				<del></del>	
NAME	1	DELETE		PS 1. H. harri	Change Addition	
1				enry lichtenberge		
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	55 Glades RODY 1102	Ì	
CITY-ST-ZIP TITLE		Decipae	3.1 TITLE	CA 100104, PC 33431	7 H	
NAME		L_] DELETE	3.2 NAME		Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS		1200	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	LA.	1/1	
TITLE	<u> </u>	DELETE	4.1 TITLE	<i>17(-</i> ,	Change Addition	
NAME			4.2 NAME	U S	The Autorities The Section 1	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		ا ہے	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		40.450. ON	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		İ	
STREET ADDRESS			6.3 STREET ADDRESS		}	

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 polyporation 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 altrachment with an address.

6.4 CITY-ST-ZIP

**SIGNATUR** 

CITY-ST-ZIP