
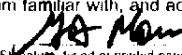


FILED

Sep 28 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morthahn</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P97000012705 (4)</b> <b>1. Corporation Name</b> <b>DURANGO STEAKHOUSE OF WEST PALM BEACH, INC.</b>			
<b>Principal Place of Business</b> 2325 ULMERTON ROAD STE 20 CLEARWATER FL 34622		<b>Mailing Address</b> 2325 ULMERTON ROAD STE 20 CLEARWATER FL 34622	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
<b>9. Name and Address of Current Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <del>DARRY, EDWARD H</del>  <del>2000 ULMERTON ROAD STE 20</del>  <del>CLAREMONT FL 34422</del> </div> <div style="width: 15%;">         81 Name          82 Street Address          83          84 City       </div> </div>			
<b>11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is a registered agent, or both, in the State of Florida. Such change was authorized by the corporation or its agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>   </div> <div style="width: 60%;">         (NOTE: Registered Agent signature required)          Signature, typed or printed name of registered agent and title if applicable       </div> </div>			
<b>OFFICERS AND DIRECTORS</b>			
<b>12.</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/07/1997</b>			
4. FEI Number <b>59-3424759</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			
<b>JOHN D MORRIS</b> P.O. Box Number is Not Acceptable) <b>HENRY AVE</b>			
FL		85	Zip Code <b>33624</b>

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 accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

7/13/98  
DATE

FL	85	Zip Code 33624
----	----	-------------------

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	FRANK B BULLARD, JR
STREET ADDRESS		1.3 STREET ADDRESS	2325 ULMERTON RD STE 20
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CLEARWATER, FLA 33762
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GREGORY D ALORA IS
STREET ADDRESS		2.3 STREET ADDRESS	2325 ULMERTON RD STE 20
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FLA 33762
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	400002650524
STREET ADDRESS		5.3 STREET ADDRESS	-09/28/98--01118--002
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***550.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

**SIGNATURE:**

HA Man

7/15/58

813-576-6424

CR2E034 (5/98)