FILED

		FĽÖRÍÐA

1. Corporation Name ABRAHAM'S CAFE & GRILLE, INC.					TALLA MOSTE, FLORIDA		
Principal Plac		Mailing Address					
2910 B-2 KERRY FORREST PARKWAY 2910 B-2 KERRY FORREST TALLAHASSEE FL 32308 TALLAHASSEE FL 32308			PARKWAY				
	, c	THE PROPERTY OF SERVICE			DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 05/07/1997	IS SPACE	
1	ace of Business	2a. Mailing Address 26			4. FE Number 59-3456154	Applied For Not Applicable	
Suite, Apt	#, BCC	Suite, Apt. #, etc			5. Certificate of Status Desired [1]	\$8.75 Additional Fee Required	
City & Stat		City & State			6. Election Campa-ga Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25 9. Name and Address of Currer		Country 30		8. This corporation owes the current year l Personal Property Tax 10. Name and Address of New Registere	[]Yes []No	
440.4		i ivralizieran i läeut	81	Name	io. Maine pilo Address of New Acgisters	V Age	
MILLS, FRED 2134 SHANGRI-LA LANE TALLAHASSEE FL 32303			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		. 85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a	uthorized by I	named com he corporate	oration submits this statement for the purpose or is board of directors. Thereby accept the app	L	
SIGNATURE						ļ	
12.	Signature, typed or printed name of registered age. OFFICERS AN	D DIRECTORS	13.	signature te pire	TABLE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	P	[] DELETE	1 1 TITLE			[Change	
NAME STREET ADORESS	MILLS, FRED 2134 SHANGRI-LA LANE		1.2 NAME 1.3 STREET	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303		14 CITY-51				
TITLE		[DELETE	2.1 ⊞1.€		والمناو	[Change	
NAME			2.2 NAME		90000288: -05/19/99-		
STREET ADDRESS			2 3 STREET. 2 4 CHY-ST		****150.0	0 ****150,00	
TITLE		[] DELETE	31 TITLE	2.0		[Change [Addition	
NAME			3.2 NAVE				
STREET ADDRESS			33\$TREET.	1			
CITY-ST-ZIP		E) DELETE	34 City-51	ZIF		[Change [Addition	
NAME		E.I BELLIE	4 2 NAME			[[Criange [[[Addition]	
STREET ADDRESS			435TREFT	ADDRESS			
C/TY-ST-ZIP			4.4 CITY-\$1-	ZIP			
TITLE		[] DELETE	5.1 TITLE			[Change [] Addition	
WAME			5.2 NAME	nnase:			
STREET ADDRESS			5.3 STREET				
OTTY-ST-ZIP	.,	[] DELETE	5 4 CITY-ST- 6 1 THLE	2 IF"		[Change [] Addition	
VAME		L, , OCLO IL	6.2 NAME			Lionalda Livingson	
TREET ADDRESS			63STREET	ADORESS			
CFY-ST-ZIP			6.4 CITY-ST-	ZiP			

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

14. Thereby 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 application or the receiver or trusteese employered 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.

SIGNATURE:

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

PROFIT

CORPORATION

ANNUAL REPORT

1999

DOCUMENT # POZOCOLAGESO