PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045498

MARTIN'S STEAK & SEAFOOD RESTAURANT OF LAKELAND,

FILED Feb 04, 1999 8:00 am Secretary of State

02-04-1999 90014 032 ***150.00



Principal Plac	e of Business	Mailing Address				iit Binni diiti nidid idial idii 1601
5101 U.S. HIGHWAY 98 NORTH 5101 U.S. HIGHWAY 98 NOI LAKELAND FL 33801 LAKELAND FL 33801			ORTH	The same that You a	DO NOT WRITE IN TH	HE SDACE
					3. Date Incorporated or Qualifed 05/19/1997	IIO.OF.AOL.
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3452293	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Controlle of Claras Desired	Fee Required
City & Stat	ie	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	
24	25		30		Personal Property Tax.	Yes □No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	ed Agent
TIJD		Markey	81	Name	·	
255	ner, mark g esq. Magnolia avenue s.w.	SPACE OF BLASS	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	ar a farma and the area of the area.
} #MWIN	TER HAVEN FL 33880	•	83			
			84	City		gs Zin Code
2224 224 224	10.07.05	00 COZ 4500 Francis Crass	- the obour		ration submits this statement for the purpose	1 1
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was at	uthorized by th	ne corporatio	n's board of directors. I hereby accept the app	pointment as registered -
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	: Registered Agent s	signature required	when reinstating) 77,5 77 DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

1-18-99

941- 853-832