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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000050059 (9)

STINKING ROSE RESTAURANT & FOODS INC.

FILED May 06 1998 8:00am Secretary of State



Dala sis at Ola a	- Ib					
Principal Place of Business Mailing Address						
489 18T AVE NAPLES FL 3		489 1ST AVE. SOUTH				
I MAPLEO PL S	30102	NAPLES FL 341UZ	NAPLES FL 34102		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					06/05/1997	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number - Applied For	
21		26			applies for Not Applical	
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
City & State		City P. State			Fee Required	
23		City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip	Country		Trust Fund Contribution	
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	ent Registered Agent	1301		10. Name and Address of New Registered Agent	
CO	LLETT, JOHN B		81	Name	P	
	9 18T AVE. SOUTH		82	Carnet Address	Jame	
	PLES FL 34102		62	Street Addre	ess (P.O. Box Number is Not Acceptable)	
14.			83			
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statu	ites, the above-r	named coro	pration submits this statement for the purpose of changing its registers	
office or r	registered agent, or both, in the Sta	te of Florida, Such change was	authorized by the	he corporati	ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	and terminal warm and develops the obs	ganona or, occion con .coo, r	iorida Statutes.			
SIGNATURE	Signature, typed or printed name of registered a	gent and tille if applicable (NO	TE: Registered Agent	signature require	ed when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	7	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELE TE	1.1 TITLE		President (#VT3 0C: Change X Additi	
NAME			1.2 NAME		TOHH B COLLETT M)	
STREET ADDRESS			1.3 STREET AD	DDRESS 44	189 IST AUG SOUVE	
CITY-ST-ZIP		DELETE	1.4 C(TY-ST-2	ZIP	Saples, Fl 34102	
TITLE		☐ DELETE	2.1 TITLE		f ☐ Change ☐ Additi	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET AD	į.		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST- 3.1 TITLE	ZIP	Change L Addition	
NAME			3 1 HILE 3 2 NAME		☐ Change ☐ Addition	
STREET ADDRESS			3.3 STREET AD	UDEECC		
CITY-ST-ZIP			3.4. CITY - ST -			
TITLE		DELETÉ	4.1 TITLE	£II	Change Addition	
NAME			4. 2 NAME		Composition Compos	
STREET ADDRESS			4.3 STREET AD	DAESS		
CITY-ST-ZIP			4.4 CITY-ST-Z	ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREFT AD	DRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CITY-ST-ZIP			5.4 CITY-ST-Z	?IP	203/6	
TITLE		☐ DELET E	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		200002514652 -05/07/9801010014	
STREET ADDRESS			6.3 STREET ADD	DRESS	-05/07/9801010014	
CITY-ST-ZIP			6.4 CITY-ST-Z	IP I	***150.00	

indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatio 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 officer or director of the corporation of 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 officer or director of the corporation of th