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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054555 (2)

JAKE'S AMERICAN GRILL, INC.

Principal Place of Business Mailing Address						
721 S. BARFIELI MARCO ISLAND		721 S. BARFIELD DR. MARCO ISLAND FL 34145			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/18/1997	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional	
City & State		City & State 28			6. Election Campaign Financing Trust Fund Contribution	
Zip 24	Country 25 9. Name and Address of Cu	Zip 29	30	untry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Neme and Address of New Registered Agent	
NOLD, JOHN A 995 N. COLLIER BLVD. MARCO ISLAND FL				81 82 83	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
I onice or regi	the provisions of Sections 607 istered agent, or both, in the 5 familiar with, and accept the c	itate of Florida. Such cr	ianoe was authorize	a nv	bove-named corporation submits this statement for the purpose of changing its registered by the corporation's hoard of directors. Learning accept the appointment as registered	

(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ___ Change ___ Addition BERGEN, WILLIAM T NAME 1.2 NAME 721 S. BARFIELD DR. STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL 34145 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BERGEN, ALLISON NAME 2.2 NAME 721 S. BARFIELD DR. STREET ADDRESS 2.3 STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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.

SIGNATURE:

With TB

3/4/58 9

941-394-4232

FILED

Apr 16 1998 8:00am

Secretary of State

CR2E034 (10/97)