


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

FILED

Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000057642 (5) 1. Corporation Name MVP GRILL, INC.					
Principal Place of Business			Mailing Address		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified
21 8701 MAITLAND SUMMIT BLVD			26 P.O. BOX 1969		07/01/1997
22 Suite, Apt. #, etc.			27 Suite, Apt. #, etc.		4. FEI Number
23 ORLANDO, FL			28 WINDERMERE, FL		59-3490194
24 32810			29 34786		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25			30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DULIN, RAMSEY 201 S. ORANGE AVE., STE. 1090 ORLANDO, FL 32801			81 Name RIVERS, JOHNNY		
			82 Street Address (P.O. Box Number is Not Acceptable) 8701 MAITLAND SUMMIT BLVD		
			83		
			84 ORLANDO, FL 85 32810		
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 typed and printed name of officer or director and title of appointor) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	RIVERS, JOHNNY				
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD				
CITY-ST-ZIP	ORLANDO, FL 32810				
TITLE	D <input type="checkbox"/> DELETE				
NAME	CHEN, TZOW-CHYI				
STREET ADDRESS	9188 INTERNATIONAL DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32819				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME	100002543601				
53 STREET ADDRESS	-06/02/98--01020--023				
54 CITY-ST-ZIP	***150.00				
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 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 in an attachment with an address.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)

4/30/98 407-916-6871