SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Oct 07 1998 8:00am Secretary of State

	MENT # P97000 'S BAR & GRILL, INC.	060122	2 (3)						
Principal Place	e of Business	Mailing Addr	ess			-{	ORIN OCH OULK O	IIIO OHIN TOIGH III	
7710 WATER O	AK CT.	P.O. BOX 281							
KISSIMMEE FL		ORLANDO FL	32802			200107	WOITE IN T	UO Abior	
						3. Date incorporated or Qua	WRITE IN T	HIS SPACE	
						07/08/1997	SIELLOC		
2. Principal P	lace of Business	_ 2a. Mailing A	ddress			4. FEI Number			Applied For
21 55 W). CHURCH ST. #22	25/26	SAM	رع		R0593459	439		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desi	rod 🗆	\$8.75	Additional
22 ORU	AND LL.	27				J. Certificate of diatos besi	80	Fee	Required
City & Stat 23 32	801	City & Sta	ate			6. Election Campaign Finan Trust Fund Contribution	cing		May Be d to Fees
Zip 24	Country 25 ORANGE	Zip 29		Country 30		This corporation owes or Personal Property Tax du	e June 30.	Yes	ntangible No
	9. Name and Address of Curren		nt			10. Name and Address of N	lew Register	ed Ag ent	
	HADDAMI, AMIR H			81 Na	^{me} //\ {	, I MADDAHA	Amir	₩.	
	WATER OAK CT.			82 Street Addr		ess (P.O. Box Number is Not Acceptable)			
KISS	IMMEE FL 34747			83	25 C	D. CHURCH	O_{1}	++ ~~	<u>'</u>
				B4 Cit	MRI	ANDO	F	L 85 Z	280/
11. Pureuant	to the provisions of sections 607.050	2 and 607.1508. Fig	orida Statute	es, the above-nam	0140	tion submits this statement for	-	f changing its	registered
			oriua Statut		ea corpore	BUON SUDMINS INS SIBIBINEIL ION			
office or	regi ster ed agent, or both, in the State am fami liar with, and accept the oblig	of Florida. Such cl	hange was :	authorized by the	corporation	n's board of directors. I hereby	accept the ap	pointment as	registered
office or i agent. I s	regi ster ed agent, or both, in the State am fami liar with, and accept the oblig	of Florida. Such cl	hange was :	authorized by the	ed corpora corporation	n's board of directors. I hereby	accept the ap	pointment as	registered
office or agent. I s SIGNATURE	am familiar with, and accept the oblig Signature, typed or printed name of registered ago	of Florida, Such of ations of, section 6 int and tile if applicable	hange was : 07.0505, Fi	authorized by the orida Statutes. OTE: Registered Agent s	corporation	n's board of directors. I hereby	accept the ap	pointment as	registered
office or agent. I a SIGNATURE.	am familiar with, and accept the oblig Signature, typed or printed name of registered ago OFFICERS AN	of Florida. Such of ations of, section 6	hange was : 07.0505, Fl	authorized by the orida Statutes. OTE: Registered Agent at 13.	corporation	n's board of directors. I hereby	accept the ap	pointment as AND DIREC	registered
office or agent. I s SIGNATURE 12.	Signature, typed or printed name of registered ago OFFICERS AN	of Florida, Such of ations of, section 6 int and tile if applicable	hange was : 07.0505, Fi	authorized by the orida Statutes. OTE: Registered Agent s 13. 1.1 TITLE	corporation	n's board of directors. I hereby	accept the ap	pointment as	registered
office or agent. I s SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registered ago OFFICERS AN D MOGHADDAMI, AMIR H	of Florida, Such of ations of, section 6 int and tile if applicable	hange was : 07.0505, Fl	authorized by the orida Statutes. OTE: Registered Agent s 13. 1.1 TITLE 1.2 NAME	corporation	n's board of directors. I hereby	accept the ap	pointment as AND DIREC	registered
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	of Florida, Such of ations of, section 6 int and tile if applicable	hange was : 07.0505, Fl	authorized by the orida Statutes. OTE: Registered Agent si 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR	corporation	n's board of directors. I hereby	accept the ap	pointment as AND DIREC	registered
office or agent. I a signature. SIGNATURE. 12. TITLE NAME. STREET ADDRESS. CITY-ST-ZIP	Signature, typed or printed name of registered ago OFFICERS AN D MOGHADDAMI, AMIR H	of Florida, Such of ations of, section 6 int and tile if applicable	hange was : 07.0505, Fl	authorized by the orida Statutes. OTE: Registered Agent s 13. 1.1 TITLE 1.2 NAME	corporation	n's board of directors. I hereby	accept the ap	pointment as AND DIREC	TORS IN 12
office or agent. I a signature. 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	of Florida, Such of ations of, section 6 int and tile if applicable	hange was 07.0505, FI (NI	authorized by the orida Statutes. OTE: Registered Agent si 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	corporation	n's board of directors. I hereby	accept the ap	AND DIREC	TORS IN 12
office or agent. I a signature. 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	of Florida, Such of ations of, section 6 int and tile if applicable	hange was 07.0505, FI (NI	authorized by the orida Statutes. OTE: Registered Agent al. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE	gnature requir	n's board of directors. I hereby	accept the ap	AND DIREC	TORS IN 12
office of agent. I a gent. I a signature. 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cliations of, section 6 Int and tile if applicable ND DIRECTORS	hange was 07.0505, FI (NI DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	gnature requir	n's board of directors. I hereby	accept the ap	pointment as AND DIREC Change	TORS IN 12
office or agent. I a signature. 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cliations of, section 6 Int and tile if applicable ND DIRECTORS	hange was 07.0505, FI (NI	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 TYTLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE	gnature requir	n's board of directors. I hereby	accept the ap	AND DIREC	TORS IN 12 Addition Addition
office or agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cliations of, section 6 Int and tile if applicable ND DIRECTORS	hange was 07.0505, FI (NI DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 TYTLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	gnature requir	n's board of directors. I hereby	accept the ap	pointment as AND DIREC Change	TORS IN 12 Addition Addition
office or agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cliations of, section 6 Int and tile if applicable ND DIRECTORS	hange was 07.0505, FI (NI DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 TYTLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR	gnature requir	n's board of directors. I hereby	accept the ap	pointment as AND DIREC Change	TORS IN 12 Addition Addition
office of agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cliations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 TYTLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP	gnature requir	n's board of directors. I hereby	accept the ap	AND DIREC Change Change	TORS IN 12 G Addition Addition
office or agent. I a gent.	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cliations of, section 6 Int and tile if applicable ND DIRECTORS	hange was 07.0505, FI (NI DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 Title 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE	gnature requir	n's board of directors. I hereby	accept the ap	pointment as AND DIREC Change	TORS IN 12 G Addition Addition
office or agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cliations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 Title 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	gnature requir	n's board of directors. I hereby	accept the ap	AND DIREC Change Change	TORS IN 12 G Addition Addition
Office of agent. I ag	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cliations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 Title 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE	gnature requir	n's board of directors. I hereby	accept the ap	AND DIREC Change Change	TORS IN 12 G Addition Addition
office of agent. I a signature. 12. Title NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cleations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 TyTLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR	gnature requir	n's board of directors. I hereby	accept the ap	AND DIREC Change Change	TORS IN 12 Discrete Addition Addition Addition
office of agent. I ag	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cleations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 Title 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.1 STREET ADDR 4.1 STREET ADDR 4.4 CITY-ST-ZIP	gnature requir	n's board of directors. I hereby	accept the ap	Change	TORS IN 12 Discrete Addition Addition Addition
office of agent. I a gent.	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cleations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 Title 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 6.4 CITY-ST-ZIP 5.1 TITLE	gnature requir	n's board of directors. I hereby	accept the ap	Change	TORS IN 12 Discrete Addition Addition Addition
office or agent. I e gent. I e gent. I e signature	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cleations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 Tytle 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP 5.5 TITLE 5.5 NAME 5.6 STREET ADDR 5.7 CITY-ST-ZIP 5.7 STREET ADDR 5.7 CITY-ST-ZIP 5.7 STREET ADDR 5.7 CITY-ST-ZIP	gnature requir	n's board of directors. I hereby	accept the ap	Change	TORS IN 12 Discrete Addition Addition Addition
office or agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY.ST.ZIP TITLE NAME	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cleations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 Tytle 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP 6.1 TITLE	gnature requir	n's board of directors. I hereby	accept the ap	Change	TORS IN 12 Description Addition Addition Addition Addition
office or agent. I a gent.	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cleations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 Tytle 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	gnature requir	n's board of directors. I hereby	accept the ap	Change Change	TORS IN 12 Description Addition Addition Addition Addition
office of agent. I a gent.	signature, typed or printed name of registered ago: OFFICERS AN D MOGHADDAMI, AMIR H P.O. BOX 281	e of Florida. Such cleations of, section 6 Int and tile if applicable ND DIRECTORS	DELETE DELETE DELETE	authorized by the orida Statutes. OTE: Registered Agent at 13. 1.1 Tytle 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP 6.1 TITLE	gnature requir	n's board of directors. I hereby	accept the ap	Change Change	TORS IN 12 Description Addition Addition Addition Addition

inducated on this annual report or supplemental and an experience and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver for receiver or trueters 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 the en attention and that my name appears in Block 12 or Block 13 if changed the en attention and the endorse.

THE REQUIRED