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

FILED Jun 22 1998 8:00am RROFIT FLORIDA DEPARTMENT OF STATE \* CORPORATION Sandra B. Martham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000060281 (7) MD'S SPORTS BAR & RESTAURANT, INC. Principal Place of Business Mailing Address M<del>-assisi lang #700 deerpie</del>ld lakes 791 ASSIST LANE-#799-DEERFIELD-LAKES ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL-02200 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u>59 -3456829</u> 1569 ATLANTIC BLYD. 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Ζφ Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HILL TEDENCE ! 81 RODINSON michae 701-ASSISI LANE #708-DEERFIELD-LAKES 82 ATLANTIC BEACH FL 32233 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 supply the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Change Statutes and or pulled name of trigished agent and title if applicable.

(NOIL Registered Agent streams applications) Signature, typical or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. **5.112** Change TITLE DELETE michael HILL, JOHN J NAME 1.2 NAME 1228 SUNAPER AVE 791 ASSISI LANE #708 DEERFIELD LAKES STREET ADDRESS 1.3 STREET ADDRESS Atlantic Bch. FL 32233 **ATLANTIC BEACH FL 32233** CITY-ST-ZIP 14 City-St-ZiP DELETE Change \_\_\_ Addition TITLE 2.1 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY- ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZiP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change TITLE 6.1 TITLE Addition 2000002566782 NAME 6.2 NAME -06/23/98--01012--008 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*81.25 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 14.07(3kt). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signal the shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee employed to execute this report as required by mapter of Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only a tray true to the corporation of the corporat