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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061134

HO'S GARDEN RESTAURANT, INC.

Principal Place	e of Business		Mailing Add	Mailing Address						
1441 E FLETCH	ier avenue		4311 73 TERR EAST							
STE 1100			SARASOTA	SARASOTA FL 34243			DO NOT WRITE IN THIS SPACE			
TAMPA FL 33612 US							3. Date Incorporated or Qualifed	OI AOL		
US							07/14/1997			
2. Principal Pl	lace of Busines	s	2a. Mailing	2a. Mailing Address			4. FEI Number	Ap	oplied For	
21			26				59-34 <u>56629</u>	No	ot Applicable	
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22			27	27			5. Certificate of Status Desired	Fee Re	equired	
City & State			City & S	City & State			6. Election Campaign Financing		May Be	
23			28				Trust Fund Contribution	Added	to Fees	
Zip		Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	<u> </u>	29	[3	0		Personal Property Tax.	∠ Yes	□No	
	9. Name ar	nd Address of Cur	rent Registered Ag	jent			10. Name and Address of New Registered	Agent		
	01 M 1 V				8	1 Name				
HO, GUN Y 4311 73 TERR EAST SARASOTA FL 34243						2 Street	eet Address (P.O. Box Number is Not Acceptable)			
SAR	ADUIA FL 34	1243			8	3			ĺ	
					8	4 City	FI	85 Zip	Code	
						<u>. </u>	FL	-b-naina it-		
office or n	edistered agen:	t, or both, in the St	ate of Florida. Such	change was aut	norized b	v the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appoin	changing its ntment as re	gistered	
agent. I a	m familiar with,	and accept the ob	ligations of, Section	607.0505, Florid	da Statute	s.				
SIGNATURE										
	Signature, typed or		agent and title if applicable.	(NOTE: R		ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	O DIRECTO		
12.		OFFICERS	AND DIRECTORS	□ NELETE	13.		ABBITIONO/GITANGEO TO GITTIGENGY			
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90155 022 ***150.00

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