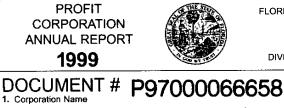
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

LENNY & VINNY'S OF PALM HARBOR, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90100 024 ***150.00

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Principal Place	e of Business		Mailing Ad	dress											
8405 BENJAMIN	I RD		8405 BENJ	amin RD											
STE J			STE J					DO NOT WRITE IN THIS SPACE							
TAMPA FL 3363	34		TAMPA FL US	33634				DO NOT WRITE IN THIS SPACE							
US			US					3. Date Incorporated or Qualifed 08/01/1997							
			0 11 12	* 11				4. FEI Number			Applied F	- I			
	ace of Business	1	2a. Mailing	Address											
	U.S. HWY 19 NO	U. 2	26					59-3464691			Not Appl				
Suite, Apt. i	#, etc.	<u> </u>		Apt. #, etc.				5. Certifcate of Status Desired		•	5 Additio Required	- 1			
22		2									-				
City & State		- L	City &	State	'		, ,	6. Election Campaign Financing		•	10 May E				
23 PALM I	HARBOR FL	2	18					Trust Fund Contribution			d to Fee	s			
Zip	Country	_	Zip	_	Country	′		8. This corporation owes the curre	-						
24 34	683 25	US 2	9	3	30			Personal Property Tax.		X X Yes	□No	-			
	9. Name and Address	of Current Re	gistered A	gent		1		10. Name and Address of New R	egistered A	gent					
	EV D DEID				81	Name	3								
	ey, R. Reid	=			82	Stree	t Addres	ss (P.O. Box Number is Not Accepta	ble)						
	e. K <mark>ennedy Blvd., s</mark> t	E. 400							<u> </u>						
TAMI	PA FL 33602				83										
					<u> </u>	<u> </u>				ne 7	- Codo				
					84	City			FL	85 Zi	ip Code	ļ			
office or re	to the provisions of Section egistered agent, or both, in m familiar with, and accept	the State of FI	orida. Such	change was aut	inonzed by	the con	d corpor poration	ation submits this statement for the 's board of directors. I hereby accep	purpose of o t the appoin	tment as	registere	ered			
SIGNATURE	Signature, typed or printed name of re	onistared agent and	title if poplicable	(NOTE: E	Panistared Ana	nt signaturi	e required v	when reinstating)	DATE			-			
12.	·· ·	ICERS AND D			13.	AL GIGHTON		ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN	12			
TITLE	D	OLIVO 7 IVO D		DELETE	1,1 TITLE		DPS			▼ Change		Addition			
	SAMSON, PAUL L				1.2 NAME		I .	ISON, PAUL L.				1			
NAME	3405 BENJAMIN RD, S	ete i				TADDRES		DS BENJAMIN ROAD, ST	ा प्रा			1			
STREET ADDRESS		SIE J						PA FL 33634	ш. о			}			
CITY-ST-ZIP	TAMPA FL 33634			DELETE	1,4 CITY-5 2,1 TITLE	61-ZIP	LAP	TA FL 33034		☐ Chang	ne 🗆	Addition			
TITLE				□ DETE LE							,				
NAME					2.2 NAME		Ì					1			
STREET ADDRESS					2.3 STREE	TADDRES	s					1			
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NAME					3.2 NAME										
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CITY-ST-ZIP					3.4. CITY-	ST-ZIP									
TITLE				☐ DELETE	4.1 TITLE					Chang	ge 🗌	Addition			
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CITY-ST-ZIP				DELETE	61 TITLE		+			Chang	је 🗍	Addition			
TITLE					6.2 NAME					_ `	_				
NAME	ı					T ADDRES						- 1			
STREET ADDRESS	ı				D.J BIREL	I MUUKES	٠,					1			

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 supplied ental 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 veceiver 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.

6.4 CfTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP