PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90047 013 ***150.00

DOCUMENT # P97000077862

BEARDOG, INC.

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Principal Place of Bus	siness	20. AME	ailing Address	632	S	Odon_	Blud #2007			
9901 - CHART-HOUSE-G ALISTIN-TH-78790	ONE 530 S Delay	990 990 AU	X Chart Ho use Co Stin TX 78739 -	WE Share	T.		Blud #2007 DO NOT WRITE IN THIS SPA			
199 Com 5/ 33/125					~\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Boca Raton, PL 33+32 Boca Ratony 1					LC 33772		3. Date Incorporated or Qualifed 09/09/1997			
2. Principal Place of	2. Principal Place of Business 2a. Mailing Address					· ·	4. FEI Number Applied			_
21 26					65-0804783		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired :		Additional	.	
22 27							3 . Oct. 103.00 5 0.000 5 0.000 5	Fee F	Required	_
City & State			City & State			6. Election Campaign Financing	•	May Be	1	
23		28	3			Trust Fund Contribution		to Fees	\dashv	
Zip			Zip Country			8. This corporation owes the current year Intangible				
24			30	0		Personal Property Tax. Yes No				
9. N	lame and Address of Curr	ent Regis	tered Agent		81	Name	10. Name and Address of New Registered Age	mt		\dashv
MANNICAN	IAMES				01	Name				
HANNIFAN 4850 NW 5					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
*	ON FL 33431									
BOUA NAI	ON FE 30431				83					
					84	City	8	5 Zip	Code	٦
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office or registers	provisions of Sections 607.0 and agent, or both, in the Sta ar with, and accept the obli	e of Florid	ia. Such change was	s authorized	i bv i	the corporatio	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	nging i ent as	registered	
SIGNATURE				TC 0	A	t signature required	when reinstating) DATE			1
	typed or printed name of registered a OFFICERS A			13.	Ageni	t signature required	ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12	\dashv
12.	OFFICERS /	NO DIRE	☐ DELETE	1.1 Ti	TLE			Change		on
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NAME				6.2 N	AME					}
STREET ADDRESS				6.3 ST	TREET	ADDRESS				

6.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.