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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080095 (7)

FIFTH AVENUE WINE BAR, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Rlace of Business Mailing Address 4062 BEL MIR LANE #5 4062 BEL AIR LANE #5 NAPLES FL 104103 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For <u>862</u> C/O STEWEN 65-0782842 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 700 City & State City & State \$5.00 May Be 6. Election Campaign Financing NAPLES NAMES 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 34102 USA OSA 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent BODNAR LISA LAWRENCE MWIERRE 4082 BEL AIR LANE #5 82 34103 AVE. 83 City N 4PUZS 84 11. Pursuant to the prevision of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the oliginary of, Section 607.0505, Florida Statutes. Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 THLE BODNAR, LISA NAME 1.2 NAME 4062 BE AIR LANE #5 STREET ADDRESS 1.3 STREET ADDRESS 34103 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME AVE, S. STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2. 4 CITY-ST-ZIP DELETÉ Addition Change TITLE 3.1 THILE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4,1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 T(TLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 supplimental 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed on on an attachment with an oddess.