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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90142 002 ***150.00

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FIFTH AVENUE WINE BAR, INC.

Principal Place	e of Business	Mailing Address				i sadisbas din chist chett Abitt a	8131 MAZIL #91A1 Z	Ailt Abitt edite t	10101 0111 1001
862 5TH AVE S NAPLES FL 34102 US		C/O STEVEN E CLARK. CPA 700 11TH ST S SUITE PH3 NAPLES FL 34102				DO NOT WRITE IN THIS SPACE			
		US				Date Incorporated or Qualifer 09/15/1997	u 		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26				65-0782842			Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□,	\$8.75 A	
22		City & State	<u> </u>			6. Election Campaign Financing		\$5.00	May Be
City & State	е .	├ ─┐ '			ļ	Trust Fund Contribution	' 🗆	Added to	
Zip	Country		Count	try	+	8. This corporation owes the cu	rrent vear Inta		
24	25		30	•		Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,		□No
241	9. Name and Address of Currer		701			10. Name and Address of New	Registered /	Agent	
			1	Name					ĺ
MAN	IIERRE, LAWRENCE E		-	22	0 -1 -1	- /D.O. Boy Number is Not Acces	table)		
513 17TH AVE S						ddress (P.O. Box Number is Not Acceptable)			
NAP	LES FL 34102		1	33					
								85 Zip C	<u></u>
						les	FL	1961	02
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was all	tnonzea i	ov ine coru	corpora oration	ation submits this statement for the s board of directors. I hereby acc	e purpose of ept the appoir	changing its ntment as reg	registered gistered
agent. I a	m familiar with, and accept the obliga	3110118 01, 36611011 007.0303, 111011	ua Statut	es.					
_	m familiar with, and accept the obliga			es.					
agent. I a	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered A	es.	required w	men reinstatung)	DATE	D DIRECTO	DC IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: I	Registered A	es. gent signature r	required w	nen reinstatung) ADDITIONS/CHANGES TO C			
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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 or an attachment with a laddress, with all other like empowered.

SIGNATURE:

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3-26-99 x 40:

403.7770