SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700083587 (0)

PALMAIRE RESTAURANT, INC.

Principal Place of Business

Mailing Address

FILED Aug 26 1998 8:00am Secretary of State



Filliopal Flace of Dysiliess	wanning A	1001635				
9045 LAFONTANA BLYD., STE. B BOCA RATON FL 33434		ontana blvd., ste. b Ton FL 33434	-20			
,					DO NOT WRITE IN	THIS SP ACE
					3. Date Incorporated or Qualified	
					09/26/1997	
2. Principal Place of Business	B-1 2a. Mailin	o Address			4. FEI Number	★ Applied For
21 9045 LA TENUTAMABIND 26 SAME					65-0785254	Not Applicable
Suite, Apt. #, etc.					F 0. 37. 4. 4044 D	\$8.75 Additional
22	27				5. Certificate of Status Desired	Fee Required
City & State		State			6. Election Campaign Financing	\$5.00 May Be
23 COCAMATON, FL 28					Trust Fund Contribution	Added to Fees
Zip 2121 County Zip Co				,	8. This corporation owes or has paid the	current year Intangible
24 25 29 30			Personal Property Tax due June 30. X Yes No			
9. Name and	Address of Current Registered	Agent			10. Name and Address of New Registe	red Ag ent
BILOTTI, JOSEPH			81	Name		
9045 LARONTANA BLVD., STE. B-20				82 Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 3	3434		-	Oli GGI Mac	inoso (1.0. Dox Humbol la Hot Nocoptació)	(4) 7()
े की ए			83			1 1
4.0						
*			84	City	ı	FI 85 Zip Code
11. Pursuant to the provisions	of sections 607.0502 and 607.1506	Florida Statutes, the	above	named corp	oration submits this statement for the purpose	
office or registered agent	or both, in the State of Florida, Suc	th change was authori	zed hy	the comora	tion's board of directors. I hereby accept the a	ppol nt ment as registered
·	and accept the obligations of, section	on 607.0505, Florida S	statutes	8.		1
SIGNATURE Stopphiles typed or orin	sted name of registered agent and title if applicable	le (NOTE: Rec	ustered A	gent signature re	quired when reinstating) DA	TE .
12.	OFFICERS AND DIRECTORS		3.	gent orginatore is	ADDITIONS/CHANGES TO OFFICER	
TITLE TITLE	JT.	DELETE 1.	1 TITLE			Change Addition
lum land	Doubrath	1.	2 NAME			Charge
STREET ADDRESS 9045 LA	YOUTHUA BIVD B	3-1	STREET	ADDRESS		
CITY-ST-ZIP COLO (2)	ATON, FL 334	34 🗓	CITY-ST			1
TITLE			TITLE			Change Addition
NAME			NAME	1		Change
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			CITY-ST			<u>.</u>
TITLE			TITLE	*ZIF		Channe Marries
NAME		[OLCE 12	NAME	-		Change Addition
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP		1		J		
TITLE			CITY-ST	-ZIP		
NAME		C DECENT				Change Addition
			NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			CITY-ST	-ZIP		
TITLE			TITLE			Change Addition
NAME			NAME			
STREET ADDRESS		5.3	STREET	ADDRESS		
CITY-ST-ZIP			CITY-ST	-ZIP		
TITLE		DELETE 6.4	TITLE	1		Change Addition
NAME		6.2	NAME			
STREET ADDRESS :		6.3	STREET	ADDRESS		
CITY-ST-ZIP		6.4	CITY-ST	-zie		

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 frustee 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.

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SIGNATURA REQUIREED

7/8/98 561 457222