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**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700083587 PALMAIRE RESTAURANT, INC.					
PALMAINE NESTAUNANT, INC.					
Principal Place of Business	Mailing Address			181 1 <b>3133</b> 12181 <b>3</b> 1282 1	))))   122)   [23)
9045 LA FONTANA BLVD	9045 LA FONTANA BLVD				
B-1	B-1				
BOCA RATON FL 33434	BOCA RATON FL 33434		DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IS SPACE	
US	U\$		09/26/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Арр	lied For
21	26		65-0785254	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	ſ
22	27			Fee Rec	
City & State	City & State		6. Election Campaign Financing	\$5.00	
23	28		Trust Fund Contribution	Added to	rees
Zip Country	Zip	Country	This corporation owes the current year     Personal Property Tax.		□No
24 25	1 - 1	30	10. Name and Address of New Registere		
9. Name and Address of Current I	ragistered Agent	81 Name (	O: Name and Assessed House Congression		
BILOTTI, JOSEPH		1 00	seph biloth		
9045 LAFONTANA BLVD., STE. B-20		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	-(	
BOCA RATON FL 33434		83 .0	a policia propie		
		120	carector		
		84 City	F	85 Zip C	2234
11. Pursuant to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the above-named co	moration eubmits this statement for the nurnose	of changing its	registered
<ol> <li>Pursuant to the provisions of Sections of Judge a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	Florida, Such change was aut	horized by the corpora	ition's board of directors. I hereby accept the app	cointment as reg	istered
	ns of, Section 607.0505, Flore	la Statutes.			
SIGNATURE	ns of, Section 607.0505, Florid	la Statutes. Registered Agent signature requ		-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	ns of, Section 607.0505, Florid and title if applicable. (NOTE: F	ia Statutes.			RS IN 12
SIGNATURE Signature, typed or printed name of registered agent a	ns of, Section 607.0505, Florid and title if applicable. (NOTE: F	la Statutes. Registered Apent signature requ	ired when reinstating) DATE		
SIGNATURE Signature, typed or printed name of registered agent at 2. OFFICERS AND TITLE P	ns of, Section 607.0505, Florid  nd title if applicable. (NOTE: F  DIRECTORS	1a Statutes. Registered Agent signature requestations.	ired when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE    Signature, typed or printed name of registered agent at	ns of, Section 607.0505, Florid  nd title if applicable. (NOTE: F  DIRECTORS	Registered Agent signature required 13.	ired when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE  Signature, typed or printed name of registered agent a  12. OFFICERS AND  TITLE P  NAME BILOTH, JOSEPH	ns of, Section 607.0505, Florid  nd title if applicable. (NOTE: F  DIRECTORS	Registered Agent signature requested 13.  1.1 TITLE  1.2 NAME	ired when reinstating) DATE	AND DIRECTO	RS IN 12
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SIGNATURE  Signature, typed or printed name of registered agent a  12. OFFICERS AND  TITLE P  NAME BILOTH, JOSEPH  STREET ADDRESS GITY-ST-ZIP BOCA RATON FL 33434	ns of, Section 607.0505, Florid and little if applicable. (NOTE: F	Registered Apent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) DATE	AND DIRECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

