FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000093846 (8) DOCUMENT # STEAK N SUEY, INC. Principal Place of Business Mailing Address 324 POINSETTIA DRIVE 324 POINSETTIA DRIVE FORT MYERS FL 33905 FORT MYERS FL 33905 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 234 Poinsettia DRIVE 18731 THREE OAKSTARKW 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33905 21.5 A 45 A 29 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 Zip Code 11. Pursuant to the provisions of Sections 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 State of Florida. Such 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE סוק DELETE 1,1 TITLE ☐ Change MILLS, DON NAME 1:2 NAME ²⁹#24 Poinsettia Drive STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GUILD, JAMES S NAME 2.2 NAME 324 POINSETTIA DRIVE STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE __ Change ___ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

6.1 TITLE

6.2 NAME

FJLLYIRED

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

Change

___ Addition