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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097158 (4)

MAIN AND PALM HOTEL AND RESTAURANT GROUP, INC.

Principal Place of Business

Mailing Address

## FILED May 06 1998 8:00am Secretary of State



4/20/98

1589 SHADOW RIDGE CIRCLE SARASOTA FL 34240			1569 SHADOW RIDGE CIRCLE SARASOTA FL 34240		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 11/12/1997	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0795363 Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip Country		ry	This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent	
	lon, leslie		ļ	1 Name		
	SHADOW RIDGE CIRCLE		82 Street Ac		at Address (P.O. Box Number is Not Acceptable)	
* SAR	<b>ASO</b> TA FL 34240					
			*	3		
10			Ē	4 City	85 Zip Code	
44.5		0.500 1.000 1.00		<u> </u>	propration submits this statement for the purpose of changing its registered	
office or reg agent. I am	gistered agent, or both, in the S familiar with, and accept the of	tate of Florida. Such change v	vas authorized	by the corpora	ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE S	gnature, typed or pointed name of registerer	dagent and life if applicable	(NOTF : Registered /	gent signature req	jured when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	DELETE	1.1 TITL	-	Change Addition	
NAME	LESLIE ROL	Ridge Circle	1.2 NAN	E		
STREET ADDRESS	ISha Shadow	Ridge Circle	1.3 STR	E1 ADDRESS		
CITY-ST-ZIP	Saraseta	FC. 134240	1.4 CITY	-\$1-ZIP		
TITLE		DELETE			Change Addition	
NAME			2.2 NAM	E [	•	
STREET ADDRESS			2.3 STR	ET ADDRESS		
CITY-ST-ZIP			2. 4 C/T	7-ST-ZIP		
TITLE		DELETE	3.1 TITL		Change Addition	
NAME		3.3		E		
STREET ADDRESS			3.3 STRI	ET ADDRESS		
CITY-ST-ZIP			3.4. CIT	'-ST-ZIP		
TITLE		DELETE			Change Addition	
NAME			4. 2 NAN	IE		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST - ZIP		
TITLE		DELETE			Change Addition	
NAME			5.2 NAM	-	· <del></del>	
STREET ADDRESS				ET ADDRESS		
CITY+ST-ZIP				-ST-ZIP		
TITLE		DELETE			☐ Change ☐ Addition	
NAME			6.2 NAM	- 1	100002517981 -05/11/98010130280 ***150.00	
STREET ADDRESS				ET ADDRESS	-05/11/98010130 <b>28() -\ 4</b>	
CITY-ST-ZIP			6.4 CITY		***150.00 \ \\\\ \_\\\\	
14 I baraby on	rtify that the information supplie	d with this filing does not oual	lify for the even	i betete notion	in Section 119 07/3/(i) Florida Statutes I further carbo that the information	
indicated or officer or di	n this annual report or surflem rector of the corporation of the	ental annual report is true and receiver or trustee empower	accurate and to execute this	hat my signat s report as re	ture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in	