Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90117 046 ***150.00

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

Mailing Address

600 GOODLETTE ROAD NORTH

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000104771

Principal Place of Business

112 JEEPERS DRIVE

SPECTATOR'S SPORTS BAR & GRILL, INC.

NAPLES FL 34112		NAPLES FL 34102				DO NOT WRITE IN THIS SPACE
	للمحود والمحا	US				3. Date incorporated or Qualified
	•					11/15/1997
Principal Place of Business Za. Mailing Address			ss			4. FEI Number Applied For
21 26						59-3474967 Not Applicable
Suite, Apt. #, etc. Suite, Apt. : 22 27			. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			•	6. Election Campaign Financing S5.00 May Be
23						Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	Country		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of C	urrent Registered Agent		$\exists _$		10. Name and Address of New Registered Agent
	2.27			81	Name	,
ZAINO, PAUL J				82 Street Address (P.O. Box Number is Not Acceptable)		
112	JEEPERS DRIVE		62 3		Sileet	Address (F.O. Box Hamber is the Adversaria)
Nap	LES FL 34112			83	it —	
•						85 Zip Code
	•			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florid	a Statutes, the	abov	re-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.						
	m ramiliar with, and accept the	obligations of, Section our.o.	JOS, FIORIDA SE	atutes	·.	
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Register	ed Age	ni signature	required when reinstating) OATE
12.		RS AND DIRECTORS	1;	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSVD	☐ DEI	LETE 1.1	TTTLE		Change Addition
NAME	ZAINO, PAUL J		1.2	1.2 NAME		-
STREET ADDRESS	100 HEREE A DOUG		1.3	1.3 STREET ADDRESS		
CITY-ST-ZIP	111 PL FO FL 04440		1.4	1.4 CITY-ST-ZIP		
TITLE	DELETE			TITLE		Change Addition
NAME	(2.2	2.2 NAME		}
STREET ADDRESS	•		2.3	2.3 STREET ADDRESS		3
CITY-ST-ZIP			2.4	2, 4 CITY-ST-ZIP		
TITLE		☐ DE		TITLE		Change Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREE	TADDRESS	
CITY-ST-ZIP	المستسبقية المستسبة	h		CITY-S		
TITLE				TITLE	J. 211	☐ Change ☐ Addition
NAME		,		NAME		
_	,				T ADORESS	
STREET ADDRESS			L T	CITY-S		
CITY-ST-ZIP		□ DE		TITLE	⊅1-6JF	☐ Change ☐ Addition
TITLE	is being to an a con-			NAME		
NAME						

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.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition