## 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 # P9800000587Vot

1. Corporation Name Baer - Suga FNC

DBA Gravevine at Westchase Lounge

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

22

23

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt #, etc.

26

27

28

12125 W. Linebaugh Ave Tampa, F1 33626-1732 RIZSW. LinebaughAve Tomwa, F7 33626-1732

DO NOT WRITE IN THIS SPACE

May 17, 1999 8:00 am

Secretary of State

05-17-1999 90033 025 \*\*\*150.00

3. Date Incorporated or Qualified

1 - 62 - 1998

4. FEI Number

57 - 348 5134

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

3. Date Incorporated or Qualified
Applied For
Not Applied For
Not Applied For
S8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Country Zip Country
25 29 30 Fersonal Property Tax due June 30. Yes Wood

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Free, E. Lebron Ste 3. 2725 Park Dr Clearwater, Fl 34623-1023

Ш.	IV. Name and Address of New Registered Agent	
81	Name	
82	Street Address (PO. Box Number is Not Acceptable)	
83		
84	City 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE TITLE 1 1 TITLE DONALD J. BACK 1.2 NAME **CR2E034** NAME 1212 W. LIVEBRUTH AVE TAMPA FLA 33626 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-7IP CITY - ST - ZIP Addition Change 2.1 TITLE TITLE MIKO SUGO WE CINEBAUTH AVE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2-4 CITY-ST-ZIP CITY-ST-ZIP Addition 3 1 TITLE TITLE CHRISTONE BAEN 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP Change ☐ Addition ■ DELETE 6 1 TITLE THILE 6 2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6 4 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 own an attachment with a address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-70-45

8/3 8/8-5463 Daytime Phone #