


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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90037 035 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000024140**

1. Corporation Name  
**A B S RESTAURANT CORP., INC.**

Principal Place of Business 3151 N. MILITARY TRAIL W. PALM BCH FL 33409	Mailing Address 3151 N. MILITARY TRAIL W. PALM BCH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>22191 POWERLINE RD</b> Suite, Apt. #, etc. <b>10B</b> City & State <b>BOCCA RATON</b> Zip <b>33433</b> Country <b>FLA</b>		2a. Mailing Address 26 <b>22191 POWERLINE RD</b> Suite, Apt. #, etc. <b>10B</b> City & State <b>BOCCA RATON FLA</b> Zip <b>33433</b> Country <b>FLA</b>		3. Date Incorporated or Qualified <b>03/13/1998</b>	
22		27		4. FEI Number <b>65-0820536</b>	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SURASKY, JONATHAN**  
3151 N. MILITARY TRAIL  
W. PALM BCH FL 33409

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) <b>22191 POWERLINE RD 10B</b>
83	
84	City <b>BOCCA RATON</b> FL 85 <b>33433</b>

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 JONATHAN SURASKY DATE 4/16/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SURASKY, JONATHAN</b>	
STREET ADDRESS	<b>3151 N. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>W. PALM BCH FL 33409</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SURASKY, JONATHAN</b>	
1.3 STREET ADDRESS	<b>22191 POWERLINE RD 10B</b>	
1.4 CITY-ST-ZIP	<b>BOCCA RATON FL 33433</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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 on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN SURASKY DATE 4/16/99

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034-11/98