PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000057432 1. Corporation Name DADE COUNTY RIBS, INCORPORATED							
	·	Na Wan Addings			DIAN I FE AT PILITE II		
Principal Place	•	Mailing Address		}			
2155 NW 111TH TERRACE 2155 NW 111TH TERRACE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071							
COMPL OF MINO				DO NOT WRITE IN THIS	SPACE		
ļ	•			3. Date Incorporated or Qualifed		ł	
1	· · · · · · · · · · · · · · · · · · ·	Ta Malling Address		06/26/1998 4. FEI Number C. ((/) C.	Appl	lied For	
らつ バ	lace of Business	2a. Malling Address	in fevi.	178-DX46658		Applicable	
Suite, Apt		Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Ad		
22		27			- Fee Reg		_
City & State	Series FL	City & State	J. Fl.	6. Election Campaign Financing	\$5.00 M Added to		
Zip	Country	- 3R 1-11	Country	8. This corporation owes the current year Int.	angible	7	
24	25	<u></u>	30	Personal Property Tax. 10. Name and Address of New Registered	Yes V	₹Mo	
	9. Name and Address of Current	Registered Agent	81 Name C /				
.DOS	STEW OCOPODATION //			bristine M. Ohlin, CPA	, PH		
299-	SOUTH BISCANNE DAVID	ſ	82 Street Addi	ress (P.O. Box Number is Not Acceptable). D. F. Samole Koad			
2071	+Reght - T	N/A	83				
MAN	WFL 33/31/2310	14/1	84 City		85 Zip Co	ode	
		•	אלני ווו	mpano Beach FL	330	all	
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corporate	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its re ntment as regi:	egistered stered	
agent La	m familiar with, and accept the obligation	ons of Section 607.0505. Flori	da Statutes.	1 1			
990.00.				= L. lo	a		
SIGNATURE	(Musstine WI.	orun, CPH		- 3/ <u>1/17</u>	9		-
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable [NOTE:	Registered Agent signature require	ed when reinstating) DATE	Z		(96/
SIGNATURE	Signature, typed or printed name of registered agent. OFFICERS AND	and title if applicable [NOTE:		- 3/ <u>1/17</u>	Z		(11/98)
SIGNATURE	Signature, typed or printed name of registrand agent OFFICERS AND	ordin, CPH and title if applicable. [NOTE: I	Registered Agent signature require	ed when reinstating) DATE	D DIRECTOR		134 (11/98)
SIGNATURE 12.	Signature, typed or printed name of registrand agent OFFICERS AND D PESKIN, SCOTT	ordin, CPH and title if applicable. [NOTE: I	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE	D DIRECTOR		2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registrand agent OFFICERS AND	OCUM, CDH and 886 if applicable. UNGTE: DIRECTORS	Pagistered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	ZID DIRECTOR	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signifian, typed or printed name of registrand agent of PESKIN, SCOTT 2155 NW 11TH TERRACE	ordin, CPH and title if applicable. [NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE	D DIRECTOR		CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP	Signifian, typed or printed name of registrand agent of PESKIN, SCOTT 2155 NW 11TH TERRACE	OCUM, CDH and 886 if applicable. UNGTE: DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating) DATE	ZID DIRECTOR	RS IN 12	CR2E034 (11/98)
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14. I hereby certify that the information supplies this filing does not qualify for the course 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 Ind pactiver 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 ony any attachment with an address, with all other like empowered. CITY-ST-ZIP

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FILED

May 01, 1999 8:00 am Secretary of State

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