


**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90045 012 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000057432</b>		
<b>1. Corporation Name</b> <b>DADE COUNTY RIBS, INCORPORATED</b>		



<b>Principal Place of Business</b> 2155 NW 111TH TERRACE CORAL SPRINGS FL 33071	<b>Mailing Address</b> 2155 NW 111TH TERRACE CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 2155 NW 111th Terr.		<b>2a. Mailing Address</b> 2155 NW 111th Terr.		<b>3. Date Incorporated or Qualified</b> 06/26/1998	
<b>21. Suite, Apt. #, etc.</b> Suite, Apt. #, etc.		<b>26. Suite, Apt. #, etc.</b> Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-0846638	
<b>22. City &amp; State</b> Coral Springs FL		<b>27. City &amp; State</b> Coral Springs FL		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23. Zip</b> 33071		<b>28. Zip</b> 33071		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24. Country</b> USA		<b>29. Country</b> USA		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> ROSS FIDELITY CORPORATION 290 SOUTH BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131-2310			<b>10. Name and Address of New Registered Agent</b> <b>81. Name</b> Christine M. Ohlin, CPA, PA <b>82. Street Address (P.O. Box Number is Not Acceptable)</b> 440 E. Sample Road <b>83.</b> <b>84. City</b> Pompano Beach <b>FL</b> <b>85. Zip Code</b> 33064		
<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.</b> <b>SIGNATURE</b> Christine M. Ohlin, CPA <b>DATE</b> 5/1/99					

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> D <input type="checkbox"/> DELETE <b>NAME</b> PESKIN, SCOTT <b>STREET ADDRESS</b> 2155 NW 11TH TERRACE <b>CITY-ST-ZIP</b> CORAL SPRINGS FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/1/98)