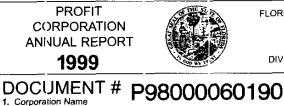
1999

PEPIN'S RESTAURANT, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90252 003 ***150.00

							<u> </u>	
Principal Place of Business Mailing Address					T (BATEL BATEL BATEL BATEL BATEL	8 8 14 1 8 8 17 1 8 8 17 8 1	\$1141 68181 11818 1	
5114 MELBOUR PORT CHARLOT	5114 MELBOURNE STREE PORT CHARLOTTÉ FL 331	= =		DO NOT W	RITE IN THIS	SPACE		
					3. Date Incorporated or Qualife	ed De		-
					07/06/1998			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0853	179		lied For
21						111	<u></u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red	quired
City & State	9	City & State			6. Election Campaign Financin	^{'9} 🗆	\$5.00	
23		28		Trust Fund Contribution		Added to	rees	
Zip	Country	Zip	Count		8. This corporation owes the c	urrent year int		i⊒No
24	25	29	30		Persor al Property Tax. 10. Name and Address of Nev	v Registers d		
	9. Name and Address of Curren	t Registered Agent		81 Name -1		ricgistered	Agent	
HEEKIN-JOHN C				" Name JOSE ROLLON				
21202 OLEAN-BLVD				82 Street Ace	ress (P.O. Box Number is Not Acce	Daple (Occal	.0
SUITE C.2				83	67 Shadow 1	VIGGE"	<u> Urc</u>	٠,٢
	CHARLOTTE FL 33952			83		•		
Jun	TOTAL OTTE TE 3350	_	ļ	84 CilS (1.	rasota	FL	85 Zip C	240
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	tes, the al	NOVE Damed CCIT	poration submits this statement for t	he purpose of	changing its	registered
l office or n	enistered agent #r bo h in the/State.	of Florida. Such change was a	ıutnonzed	by the corpora ti	ion's poard of Cirectors. Thereby acc	cebrine abtor	ntment as reg	stered
agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, types or printed na ne of registered ager	TOSE KOLLON	:: Registered	Agent signature require		DATE		
12.		IE DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	FIS IN 12
TITLE	D	☐ DELETE	1.1 111).E			☐ Change	☐ Addition
NAME	ROLLON, JOSE A		1.2 NA	ME				
STREET ADDRESS	1569 SHADOW RIDGE CIR			REET ADDRESS				
C/TY-ST-ZIP	SARASOTA FL 34240		1.4 CD	Y-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TIT	LE			☐ Change	☐ Addition
NAME	ROLLON, LESLIE A		2 2 NA	ME				
STREET ADDRESS	1569 SHADOW RIDGE CIR		2.3 \$T	REET ADDRESS		-		Ì
CITY-ST-ZIP	SARASOTA FL 34240	RASOTA FL 34240		TY-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	le			Change	☐ Addition
NAME			3.2 NA	ME				Į
STREET ADDRESS			3.3 ST	REET ADDRESS				1
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP				
TITLE		☐ DELETE	4.1 717	le			Change	Addition
NAME			4. 2 N	WE				
STREET ADDRESS			4.3 ST	REET ADDRESS)
CITY-ST-ZIP			44 CI	TY-ST-ZIP				
TITLE		DELETE	5 1 TIT	1			☐ Change	☐ Addition
NAME			5.2 NA					,
STREET ADDRESS			1	REET ADDRESS				Ì
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT				Change	Addition
NAME			6.2 NA					}
STREET ADDRESS				REET ADDRESS				
1			64.00	TV_ST_7IP				Ì

14. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further cartify 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 corporat or or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR