

03/29/1999 - 90018 - 031

\$150.00 - \$150.00

MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

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

03-29-1999 90018 031 ***150.00

DOCUMENT # P98000069971

1. Corporation Name

SHB-BBQ KENDALL CORPORATION



Principal Place of Business

**150 WEST FLAGLER STREET
SUITE 2200
MIAMI FL 33130**

Mailing Address

**150 WEST FLAGLER STREET
SUITE 2200
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1998

4. FEI Number

65-0866856

Applied For

Not Applicable

2. Principal Place of Business

21: Suite, Apt. #, etc.

22: City & State

23: Zip

Country

2a. Mailing Address

26: Suite, Apt. #, etc.

27: City & State

28: Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**FREED, OWEN S
150 WEST FLAGLER STREET
SUITE 2200
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81: Name

82: Street Address (P.O. Box Number is Not Acceptable)

83:

84: City

FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **DP COX, ROY JR**
STREET ADDRESS **14152 S.W. 93RD LANE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE DELETE
NAME **S COX, CARLA A**
STREET ADDRESS **150 WEST FLAGLER STREET, #2200**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE DELETE
NAME **AS Owen S. Freed**
STREET ADDRESS **Suite 2200, 150 W. Flagler St.**
CITY-ST-ZIP **Miami, FL 33130**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Additor
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Additor
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Additor
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Additor
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Additor
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Additor
62 NAME
63 STREET ADDRESS
64 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:

OWEN S. FREED

3-16-99

305-789-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Telephone #