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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000087994

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90033 017 ***150.00

	O STEAKHOUSE OF VENIC	E, INU.				
Principal Place	e of Business	Mailing Address		[\$\$\$(\$\$\$(\$\$10.1910),1011) QQ		8 18511 MINT 1881
200 CENTRAL	AVE STE 2300	200 CENTRAL AVE STE 2300				
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701						
ļ				<u> </u>	WRITE IN THIS SPACE	
				3. Date Incorporated or Qual	iitea	
				10/14/1998 4. FEI Number	- 11-	
⊢ '	lace of Business	2a. Mailing Address		4. FEI Number 59-353		oplied For
21		26		<u> </u>		ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desire	nd ****-	Additional tequired
22		City & State		2 St. 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		, , , , , , ,
City & Stat	erin in the second of the second	City & State		6. Election Campaign Finance Trust Fund Contribution	- 11	May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes the		
24	25	29 30	¬ .	Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Current	11	<u>'i </u>	10. Name and Address of N		
	3. Admit 200 Alexandra (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		81 Nam	0 > 1/ -		
GILE	S, JOEL B			EGORY D. MORRIS		
200	CENTRAL AVE STE 2300		82 Stre	et Address (P.O. Box Number is Not Acc	ceptable)	
ST P	ETERSBURG FL 33701		83			
1			ļ	417E 20		
			84 City	CLEARWATER.		Code 3762
11 Purguant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-name	ed corporation submits this statement for		s registered
office or re	egistered agent, or both, in the State of	Florida. Such change was auth	orized by the co	ed corporation submits this statement for rporation's board of directors. I hereby a	scept the appointment as r	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.		2/1/40	
SIGNATURE	Sfignature, typed or printed name of registered agent	and title if applicable (NOTE: Pe	Americand Americanstru	e required when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change	
NAME	<u> </u>		I GUINGE	VICE - FRESIDENI		Addition
1	RULLARD, FRED BUR		1.2 NAME	GAGGORY D. MORRIS		Addition
STREET ANDRESS	BULLARD, FRED B JR 2325 ULMERTON ROAD STE 20		1.2 NAME	GAEGORY D. MORRIS		Addition
STREET ADDRESS	2325 ULMERTON ROAD STE 20		1.2 NAME 1.3 STREET ADDRES	GAGGERY D. MORRIS 2325 ULMERTON RO	STE ZO	
CITY-ST-ZIP	2325 ULMERTON ROAD STE 20 CLEARWATER FL 33762		1.2 NAME	GATGORY D. MORRIS 2325 ULMERTON RO		
CITY-ST-ZIP	2325 ULMERTON ROAD STE 20 CLEARWATER FL 33762 D	-	1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE	GATGORY D. MORRIS 2325 ULMERTON RO CLEMENATER FLA 3 PRESIDENT	STE 20	
CITY-ST-ZIP TITLE NAME	2325 ULMERTON ROAD STE 20 CLEARWATER FL 33762 D BULLARD, KAROL K	DELETE	1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	GAFGING D. MORRIS 2325 ULMERTON RO CLEMMATER FLA 3 PRESIDENT MITCHELL J. WALKE	STE ZO 376 L Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	2325 ULMERTON ROAD STE 20 CLEARWATER FL 33762 D BULLARD, KAROL K 2325 ULMERTON ROAD STE 20	DELETE	1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES	GAGGORY D. NORR'S 1325 ULMBETON RO CLEMENTER, FLA 3 PRESIDENT MITCHELL J. WALKE 2325 ULMERTON R	STE 20 3762_ Change EX. LO STE 20	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2325 ULMERTON ROAD STE 20 CLEARWATER FL 33762 D BULLARD, KAROL K 2325 ULMERTON ROAD STE 20	DELETE DELETE DELETE	1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP 6.1 TITLE	GAGGRY D. NORR'S 2325 ULMBRTON RO CLEMMATER, FLA 3 PRESIDENT MITCHELL J. WALKE 2325 ULMERTON R CLEMRWATER, FLA	STE ZO 376 2 Change	Addition Addition

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:

727-576-6424