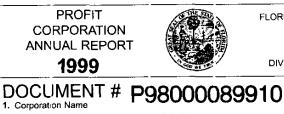
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

P. HARBOR RESTAURANT CORP.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90020 001 *6,361.25



Principal Place of Business Mailing Address						
877 EXECUTIVE GLADES BUILDI ST. PETERSBUR		877 EXECUTIVE CENTER DR. W., STE, 303 GLADES BUILDING ST. PETERSBURG FL 33702			03	DO NOT WRITE IN THIS SPACE
• • • • • • • • • • • • • • • • • • • •						3. Date in corporated or Qualifed 10/21/1998
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				59 - 35 40 794 Not applicable
Suite, Apt. 3	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Acditional Fee Required
City & State)	City & State				6. Election Campaign Financing Trust F and Contribution \$5.00 N ay Be Added to Fees
Zip	Coun ry Zip Cou		Coun	try		8. This corporation owes the current year Intangible
24	25	29 3	30			Personal Property Tax.
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere & Agent
			18	B1	Name	
MASCARA, ERNEST L 877 EXECUTIVE CENTER DR. W., STE. 303			Ē	32	Street	Address (P.O. Box Number is Not Acceptable)
GLAI	DES BUILDING		1	83		
SI. F	PETERSBURG FL 33702		1	84	City	FI 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-nar office or registered agent, or both, in the State of Florida. Such change was authorized by the oragent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					the corp	corporation submits this statement for the purpose of changing its registered
SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable. (NOT): Registered Agent signature required when reinstatung) DATE						
12.	OFFICERS ANI		13.	90	- orginata o	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	-D¥	DELETE	1.1 TITU	E		Change Addition
NAME	MASCARA, ERNEST-L		1.2 NAM	ŧΕ		
STREET ADDRESS 877 EXECUTIVE CENTER DR. W., STE-993		/ STE- 303	1.3 STR	EET	ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 93702	,	14 CITY	/-ST	-ZIP	
TITLE	P	☐ DELETE	2.1 TITL	Ē,		P, D Gertange Addition
NAME	LODER, JOHN		2.2 NAM	ŧΕ	1	JOHN LODER
STREET ADDRESS			2.3 STR	EET	ADDRESS	1 7 6 7 1000
CITY-ST-ZIP	OT PETERORUPO EL GOZGO		2.4 CIT	2.4 CITY-ST-ZIP		INDIAN ROUS BEACH, FL 34635
TITLE		☐ DELETE	3.1 TITL	_		UP S 7. D ☐ Change ☐ Addition
NAME			3.2 NAN	Æ		MAHTHEW LODER
STREET ADDRESS			3.3 STR	EET	ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y-5	T-ZIP	INVAN ROCES BEACH, FL 34635
TITLE		☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition
NAME			4. 2 NA	ΜE		
STREET ADDRESS			4.3 STR	EET	ADDRESS	
CITY-ST-ZIP			4.4 CITY	/-\$T	î-ZIP	
TITLE		☐ DELETE	5.1 TITL			Change Addition
NAME			5 2 NAM	Æ		
STREET ADDRESS			5.3 STR	EET	ADDRESS	
CITY-ST-ZIP			5.4 CIT	Y- S7	r-ZIP	
TITLE		☐ DELETE	6.1 TITL	E		Change Addition
NAME			62 NAM	Æ		
STREET ADDRESS			6.3 STR	EET	ADDRESS	
CITY-ST-ZIP			6.4 CITY	Y-ST	r-ZIP	

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 Chapt of 607, Florida Statutes; and the my name appears in officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

SIGNATURE:

CITY-ST-ZIP

360-8358

CR2E034 (11/98)