## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90001 049 \*\*\*150.00

DOCUMENT #  1. Corporation Name	P98000090277
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A.D. SUNSHINE GRILLS, INC. Mailing Address Principal Place of Business 569 NORMANDY ROAD 569 NORMANDY ROAD MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5:00 May Be City & State\_\_\_ City & State --6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes the current year Zip Yes Intangible Personal Property. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIGGS-CATO, ALICE DIANE Street Address (P.O. Box Number is Not Acceptable) 569 NORMANDY ROAD MADEIRA BEACH FL 33708 83 85 Zip Code 84 City 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 signature required when reinstating) (2/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE TITLE DELETE CR2E034 RIGGS-CATO, ALICE DIANE 1.2 NAME NAME **569 NORMANDY ROAD** 1.3 STREET ADDRESS STREET ADDRESS MADEIRA BEACH FL 33708 1.4 CITY-ST-ZiP CITY-ST-ZIF 2.1 TITLE Addition TITLE DELETE Change 2.2 NAME. NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE \_\_ Change Addition TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF Change TITLE DELETE 4 1 TITLE Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE \_\_ Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS

6.4 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 op an attachment with

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

590093-90001-49 P98000090277 1-8-99 Whom It May Concern I just incorporated in Act and Was Unaware of the renewal Fee annually. Since I didn't recise the first Moher, could you consider the renewal amount at 150 or Amount endocul)