

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90165 016 ***150.00

DOCUMENT # P98000091657

1. Corporation Name

DURANGO'S STEAKHOUSE OF EAST ORLANDO, INC.

Principal Place of Business

1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

Mailing Address

1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1998

4. FEI Number

59-3541674

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 10222 E. COLONIAL DRIVE

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

Zip

Country

24 32817

25

2a. Mailing Address

26 6767 N. WICKHAM RD

Suite, Apt. #, etc.

27 #400

City & State

28 MELBOURNE FL

Zip

Country

29 32940

30

9. Name and Address of Current Registered Agent

BEALS, ROBERT L
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

DAVID W. POORE

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

6767 N. WICKHAM RD

83

#400

84 City

MELBOURNE

FL

85 Zip Code

32940

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME POORE, DAVID

STREET ADDRESS 215 BAYTREE DRIVE SUITE 1

CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME BJERNING, EUGENE

STREET ADDRESS 215 BAYTREE DRIVE SUITE 1

CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME DOBSON, ROGER

STREET ADDRESS 215 BAYTREE DRIVE SUITE 1

CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0106386