

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

Amended

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUN 15 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096182 ✓

1. Corporation Name

MR. & MRS. BBQ

Principal Place of Business

Mailing Address

1000 Lee BLVD  
Suite 207  
Lehigh Acres, FL 33936

1007 ALLMAN AVE  
Lehigh Acres, FL 33971

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
11-16-98	65-0873831	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bowers Accounting.  
205 E. Joel Blvd. #110  
Lehigh Acres, FL 33972

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	Bender, Gregg	12 NAME	7000002911527-4
STREET ADDRESS	1007 ALLMAN AVE	13 STREET ADDRESS	-06/21/99--01155--010
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VSD	21 TITLE	VD
NAME	Bender, Barbara	22 NAME	
STREET ADDRESS	1007 ALLMAN AVE	23 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	24 CITY-ST-ZIP	
TITLE		31 TITLE	SD
NAME		32 NAME	COLLEEN ORR
STREET ADDRESS		33 STREET ADDRESS	1007 ALLMAN AVE
CITY-ST-ZIP		34 CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE		41 TITLE	TD
NAME		42 NAME	Robert ORR
STREET ADDRESS		43 STREET ADDRESS	604 St 1401 Red Cedar Dr. Apt. 16
CITY-ST-ZIP		44 CITY-ST-ZIP	FL Myers, FL 33907
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Barbara J Bender BARBARA J BENDER 6-10-99

CR2E034 (11/98)