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 Aug 05, 1999 8:00 am Secretary of State 08-05-1999 90011 024 ***550.00

DOCUMENT 1. Corporation Name	1 30000	100024							
207 CLEMATIS S	TREET RESTAURA	INT GROUP, INC.	<u></u>						
Principal Place of Business`		Mailing Address			t 100 tides ties inter laint norm samt noust tiert oben dem samt and	JI 1981			
207 CLEMATIS STREET WEST PALM BEACH FL 33401		207 CLEMATIS STREET WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 12/01/1998				
2. Principal Place of Business 21 SAME		2a. Mailing Address 26 JAML			4. FEI Number Applied Fo	 {			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Required	al			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be	·			
Zip 24	Country 25	Zip	30 Cou	ntry	8. This corporation owes the current year Intangible Personal Property.				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
BEALE, DAVID A ESQ 11894 ISLAND LAKES LANE BOCA RATON FL 33498				81 Name 82 Street Add 770	BEALE DAVD A ESQ. Address (P.O. Box Number is Not Acceptable) ADENTEAST SECUND AVE				
				84 CHY DES	PAY BEACH FL 85 3344	7			
11. Pursuant to the provisions of sections 607,0592 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 by section 607,0505, Florida Statutes.									
SIGNATURE Signature, typed or prihada name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AN	D DIRECTOR .	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	17			
TITLE D		DELETE	1.1 Tľ			dition			
1	Z, TURGUT		1.2 N/	ME /	ALAN PHILLIPS 3000N OCEAN TO #3TD	3			

SIGNATURE (A) A Like A and a signature required when rejectation) DATE									
Signature, typed or princed name or registates grant and use it approximately the control of the									
12.	OFFICERS AND DIRECTORS		13.						
TITLE	D	ELETE	1.1 TITLE	PRESIDENT /DIRECTO/C	Change Addition				
NAME	KAYTMAZ, TURGUT		1.2 NAME	ALAN PHILLIPS	· • • • • • • • • • • • • • • • • • • •				
STREET ADDRESS	234 TENTH STREET	·'	1.3 STREET ADDRESS	3000 NOCEAN DR #37D	clla				
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP	SINGER ISLAND, FL 334	10T				
TITLE		ELETE	2.1 TITLE	SECRETARY TREASURES	Change Addition				
NAME			2.2 NAME	SERENA KAYMATZ 234 TENTH STREET	/ 				
STREET ADDRESS	•		2.3 STREET ADDRESS	234 TENTH STREET					
CITY-ST-ZIP			2.4 CITY-ST-ZIP	W. PARM BENCH, PL 33	401				
TITLE	D	ELETE	3.1 TITLE		Change Addition				
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4 CITY-ST-ZIP						
TITLE		ELETE	4.1 TITLE		Change Addition				
NAME '			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE	D	ELETE	5.1 TITLE	*, *	Change Addition				
NAME	and the contract of the part of the contract o		5.2 NAME						
STREET ADDRESS	· '		5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		ELETE	6.1 TITLE		Change Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			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 receive 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 changes, or on an attachment with an address.

SIGNATURE:

50/-833-8886