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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

January 30, 1997 56/- 364-7105

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY - ST - ZIP

I am an officer or director of the appears in Block 12 or Block

SIGNATURE:

S06968

(9)

A & B GRILL, INC.

***************************************									- !			H B   B	
Principal Place of Business Mailing Address									. I I I I I I I I I I I I I I I I I I I	AIDH BLOST BIRL	1 81811 8181	FE MINST TOWN	
1701 N CONGRESS AVE BOYNTON BEACH FL 33426				1701 N CONGRESS AVE BOYNTON BEACH FL 33426-8205									
									3. Date incorporated or Qualified 10/18/1990	3a. Date 07/12	of Last F	Report	
2. Principal Place of Business				2a. Mailing Address					4, FEI Number	1 017 12	***	pplied For	
21				26					65-0223063	Not Applicable			
Suite, Apt #, etc 22				Suite, Apt. #, etc.					5. Certificate of Status Desired				
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
23				28				*******	Trust Fund Contribution				
Zıp	Country			<u> </u>			untry		8. This corporation has liability for intangible tax under s. 199.032,				
24	25   g. Name and Address of Current F			29 30					Florida Statutes Yes No				
			t Hegis	stered Agent		81	<b>A</b> 1		10. Name and Address of New Me	gistered Ag	ent		
	Banese, Au 1 N Congr					61	Name	)					
			82	Stree	treet Address (P.O. Box Number is Not Acceptable)								
BOYNTON BEACH FL 33426						-							
						83							
						84	City				85 Zip	Code	
					· · · · · ·					FLI	1 '	i	
office or re agent. I a	to the provisio egistered age m familiar with	ins of Sections 607.050; nt, or both, in the State n, and accept the obliga	2 and 6 of Flori itions c	607.1508, Florida Statu ida. Such change was of, Section 607.0505, F	ites, the author lorida	e above rized by Statutes	e-name the co s.	d corpo rporatio	oration submits this statement for the poor's board of directors. I hereby accep	urpose of ch t the appoin	anging i Iment as	ts registered registered	
SIGNATURE													
	Signature typicd o	r printed name of registered agor	nt and title	e if applicable. (NO	TE: Regis	stered Age	nt signatu	re require	d when reinstating)	DATE	***************************************		
12.	684	OFFICERS AND	DIRE			13.		,	ADDITIONS/CHANGES TO OFFIC			RS IN 12	
TITLE	P/TV			☐ DELETE	,	.1 TITLE					Change	Addition	
NAME							1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS													
CITY-ST-ZIP		I BEACH FL 33426			1	.4 CITY-S	T-ZIP						
TITLE	S			L DELETE	2	2.1 TITLE					Change	Addition	
NAME		E, BEATRICE			2	.2 NAME							
STREET ADDRESS	2955 SW 22ND AVE., #105 DELRAY BEACH FL 33445						et address						
CITY - ST - ZIP						2. 4 CITY-ST-ZIP							
TITLE	V			DELETE	3	1.1 TITLE					Change	Addition	
NAME	BURKE, WILLIAM, J						3.2 NAME						
STREET ADDRESS		RAL SPRINGS DR			3	1.3 STREET	ADDRESS						
CITY - ST - ZIP	CORAL SI	PRINGS FL			3	1.4. CITY-5	ST-ZIP						
TITLE				DELETE	4	I.1 TITLE					Change	Addition	
NAME					4	I. 2 NAME							
STREET ADDRESS					4	.3 STREET	ADDRESS						
CITY-ST-ZIP					4	4 CITY - S	T-2IP						
TITLE				☐ DELETE	5	S.1 TITLE					Change	☐ Addition	
NAME					5	2 NAME						İ	
STREET ADDRESS					- 5	3 STREET	ADDRESS	-					
CITY-ST-ZIP					5	4 CITY-S	T-ZIP						
TITLE				☐ DELETE	6	1.1 TITLE					Change	Addition	
NAME					6	2 NAME							
STREET ADDRESS					6	3 STREET	ABBRESS	1					

64 CiTY-ST-ZIP 14. I do 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

hment with an address