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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S06968

(9)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

A & B GRILL, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Principal Place of Business	Mailing Address	
1701 N CONGRESS AVE BOYNTON BEACH FL 33426	1701 N CONGRESS AVE BOYNTON BEACH FL 33426	

26

27

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1990 Applied For 4. FEI Number 65-0223063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be

28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALBANESE, AUGUST 1701 N CONGRESS AVE 82 **BOYNTON BEACH FL 33426**

Street Address (P.O. Box Number is Not Acceptable) 83

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 Stonature, typed or printed name of registered agent and title if applicable en reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. __ DELETE Change ___ Addition ALBANESE, AUGUST NAME 1.2 NAME 1701 N CONGRESS AVE STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33426** 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ALBANESE, BEATRICE NAME 2.2 NAME 2955 SW 22ND AVE., #105 2.3 STREET ADORESS STREET ADDRESS DELRAY BEACH FL 33445 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ___ Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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), Fiorida 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 charged, or on an attachment with an address.

SIGNATURE:

1998 561-364-7105