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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S10542 1. Corporation Name

SHANGRI-LA RESTAURANT, INC.

Principal Place of Business Mailing		Mailing Address			\$ 10011010 101 12011 00107 01117 01010 1101 0		ilini didir laar	
5828 BEE RIDGE ROAD SARASOTA FL 34233		5928 BEE RIDGE ROAD SARASOTA FL 34233					•	
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
		•			10/30/1990			
2. Principal P	lace of Business	2a. Mailing Address	-		= 4. FEI Number		plied For	- 1.5
21		26			65-0224224		t Applicable	h
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		City & State			Fee Required			
City & Stat	le	⊢ •			6. Election Campaign Financing Trust Fund Contribution	Added to		
23 Zip	Country	Zip	Count	try	8. This corporation owes the current year	*****		
24	25		30		Personal Property Tax.		2 €No	
<u> </u>	9. Name and Address of Curren		127		10. Name and Address of New Registe	red Agent		
	The state of the s		8	Name	•			
	RD, MERRILL, CULLIS, TIMM, ET	AL	ĕ	32 Street Add	Iress (P.O. Box Number is Not Acceptable)			
	N. F. THOMAS HOPKINS, III				The control of the second seco	Night Widt, Armit Hidis	10 20 20 20 20 20 20 20 20 20 20 20 20 20	
	3 MAIN STREET, SUITE 600		1	33				
SAH	iasota fl 34237		1	34 City		85 Zip C	ode	
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office or	to the provisions of Sections 607.050; registered agent, or both, in the State	of Florida. Such change was a	uthorized I	by the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ippointment as reg	gistered	
office or agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was a	uthorized I	by the corporati	poration submits this statement for the pulposion's board of directors. I hereby accept the a	ppointment as req	gistered	,
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90005 039 ***150.00