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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S19315**

1. Corporation Name

PLAKA RESTAURANT, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90034 024 ***150.00



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TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689					j	DO NOT WRITE IN THIS SPACE			
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}					3.	. Date Incorporated or Qualifed)		l
		- 				12/14/1990	 -		
2. Principal P	ace of Business	2a. Mailing Address			4.	. FEI Number		├ ─———	oplied For
21		26				59-3041614			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 1-5.	. Certificate of Status Desired		•	Additional
22		27						Fee R	equired
City & State	e	City & State			6.	. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	1	8.	. This corporation owes the cur	rrent year Inta	angible	·
24	25	29	0		_ [_	Personal Property Tax.		Yes	Ø100
	9. Name and Address of Current	Registered Agent			10	. Name and Address of New	Registered A	Agent	
			81	Name					1
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769	DODECANESE BLVD.	82 Street		Address (I	P.O. Box Number is Not Accep	table)		}	
TAR	PON SPRINGS FL 34689		83	 					
1			"	}					}
			84	City			FL	85 Zip	Code
14 Duequant	to the erovisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named	corporatio	on submits this statement for the		changing its	registered
office of	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with and accept the obligati	f Florida. Such change was auf	horized by	the corp	oration's b	poard of directors. I hereby acce	ept the appoir	ntment as re	egistered
agent∕1 a	m familiar with and accept the obligation	ons of, Section 607.0505, Florid	ia Statutes	š.					l
	11/2 V 11/2	- CLAUDE DROS	A.C				ナノムラ	7	}
SIGNATURE	of the throng		<u>ت</u>						
SIGNATURE	Signature, typed or printed harne of registered agent	and title if applicable. (NOTE: F	egistered Age	nt signature	required when		DATE		DDC IN 12
SIGNAT URE	OFFICERS AND	and title if applicable. (NOTE: F	egistered Age	nt signature e		reinstating) ADDITIONS/CHANGES TO O		D DIRECTO	
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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 suppliemental 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:

1-12-95 127-934-4752