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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: _

(6)

| DOCUMENT # S55432 (6) 1. Corporation Name GOTROCKS RAW BAR & GRILL, INC. | | | | | | | | | | |
|--|--|------------------|--|---|--|--|--|---|----------------------------|---|
| Principal Place of Business Mailing Address 5440 - 5444 W. ATLANTIC BLVD. MARGATE FL 33063 MARGATE FL 33063 | | | | | | | | | | |
| | | | | | | | 3. Date incorporated or Qualified 05/24/1991 | 3a. Di | ate of Last 03/16/ | |
| Principal Plac | ce of Business | 2a. | . Mailing Address | | | | 4. FEI Number 65-0266519 | | | Applied For |
| L | | 26 | | | | | 03-02003 18 | | 60 7 | Not Applicable |
| Suite, Apt. #, | , etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additional Beguired |
| City & State | | | City & State | | | | 6. Election Campaign Financing | | \$5. | 00 May Be |
| | | 28 | | | | | Trust Fund Contribution | | Add | ted to Fees |
| Zip | Country | - | Zip | Cou | intry | | 8. This corporation has liability for | | tax under | s 199.032, |
| | 9. Name and Address of Curre | 29 | blored Agent | 30 | T | | Florida Statutes Ye 10. Name and Address of New | s ∐No Registere | d Agent | |
| | 9, Name and Address of Curr | ent negle | itered Agent | | 81 | Name | 10. Halle Bild Addition of them | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| ZIKAKIS, SALOME J. 400 S.E. 8TH ST. FORT LAUDERDALE FL 33316 | | | | | | Charact A plan | (D.C. Co., Alamba, in Mah Assaultah) | | | |
| | | | | | 82 | Street Addre | oddress (P.O. Box Number is Not Acceptable) | | | |
| | | | | | 83 | | | | | |
| | | | | | 84 | City | | F | 85 | Zip Code |
| or registere | o the provisions of Sections 607.050 of agent, or both, in the State of Flo n, and accept the obligations of, Se | orida. Suci | h change was authoriz | ea by the (| ove-na corpor | amed corporation's boar | ration submits this statement for the p rd of directors. I hereby accept the ap | urpose of pointment | changing it as register | s registered officed agent. I am |
| CONTRIDE | | | | i. | | | d when reinstating) | DATÉ | | |
| GNATURE s | | ont and title if | applicable (NC | i. | | | | | ND DIREC | |
| CONTRIDE | Signature, typed or printed name of registered age OFFICERS A | ont and title if | applicable (NC | i.)1£: Registered | d Agent : | | d when reinstating) | | | |
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