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- PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$59216

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90099 003 ***150.00

SARNELL	I'S RISTORANTE, INC.								
Principal Place	of Business	Mailing Address							
2023 PARK AVENUE 2023 PARK AVENUE									
ORANGE PARK FL 32073 ORANGE PARK FL 32073						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						06/10/1991			_ }
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3070495		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	□	· -	Additional
22		27			-	J. Contractic St State 255	<u> </u>		equired
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	у		8. This corporation owes the curre	nt year inta	ingible □Yes	□No
24	9. Name and Address of Currer		30			Personal Property Tax. 10. Name and Address of New Re	egistered /		
	9. Name and Address of Currer	nt Registered Agent	81	1 Nar	me	10. Traile and Francisco St. Cont.			
MAT	THEWS, DONALD W.		<u> </u>	<u></u>					
	NORMANDY BOULEVARD	•	82	2 Stre	eet Addre	ess (P.O. Box Number is Not Acceptate	ole)		1
-	(SONVILLE FL 32221		83	3					
			L					1001 50	
			84	4 City	ý		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607,1508, Florida Statute	s, the abou	ve-nan	ned corpo	pration submits this statement for the p	ourpose or	manying it	s registered
office or r	m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by ida Statute	y the c	orporation	n's poard of directors. Filereby accept	the appoir	itment as re	egistered
office or re agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was au ations of, Section 607.0505, Flor ant and title if applicable. (NOTE.	ithorized by ida Statute	y the c	orporation	oration submits this statement for the pris board of directors. I hereby accept when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
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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.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR