**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:13

DOCUMENT # **S61703** **(2)**

1. Corporation Name

**ABBEY ROAD GRILLE AND SPORTS EMPORIUM, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5713 CORPORATE WAY<br>SUITE 200<br>WEST PALM BEACH FL 33407<br>US | 5713 CORPORATE WAY<br>SUITE 200<br>WEST PALM BEACH FL 33407<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: 10800 N. Military Trail
Suite, Apt. #, etc. — 27

City & State — 23: Palm Beach Gardens Fl
City & State — 28

Zip — 24: 33410
Country — 25: USA
Zip — 29
Country — 30

4. FEI Number: 65-0283510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COPELAND, JAMES E.
8295 N MILITARY TRAIL
SUITE A
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | GRAHAM, ANTHONY L | 12 NAME | | |
| STREET ADDRESS | 10800 N MILITARY TRL | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | BASKETT, DAVID | 22 NAME | | |
| STREET ADDRESS | 10800 N MILITARY TRL | 23 STREET ADDRESS | delete | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | 24 CITY-ST-ZIP | | |
| TITLE | ST | 31 TITLE | | ☒ Change ☐ Addition |
| NAME | BASKETT, PATRICIA | 32 NAME | | |
| STREET ADDRESS | 10800 N MILITARY TRL | 33 STREET ADDRESS | delete | |
| CITY-ST-ZIP | PALM BCH GDNS FL | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition.

**SIGNATURE:** Anthony L Graham 7/12/95 407/478-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0002685 CP