


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S77288 (6) 1. Corporation Name GUYTANO'S GRILLE, INCORPORATED					
Principal Place of Business 2220 E OCEAN BLVD STUART FL 34996			Mailing Address 2220 E OCEAN BLVD STUART FL 34996-3306		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/03/1991	
				3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0286570	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CICCONI, GUY M. 2220 E OCEAN BLVD STUART FL 34996			10. Name and Address of New Registered Agent 81 Name ROBERT BRIZEL 82 Street Address (P.O. Box Number is Not Acceptable) 1001 IVES DAIRY RD 83 84 City MIAMI FL 85 Zip Code 33171		
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 <i>[Signature]</i> DATE 4/15/97					
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 DIRECTORS IN 12		
TITLE	DPS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CICCONI, GUY M.		1.2 NAME	ROBERT SALAMON	
STREET ADDRESS	5655 SW EVANS DR		1.3 STREET ADDRESS	130 SW 1 AVE	
CITY - ST - ZIP	STUART FL		1.4 CITY - ST - ZIP	DANIA FL 33004	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD, STEVEN B.		2.2 NAME	ALAN BRIZEL	
STREET ADDRESS	2394 DEEPWOOD PAS		2.3 STREET ADDRESS	18181 NE 31 CT #1102	
CITY - ST - ZIP	PALM CITY FL		2.4 CITY - ST - ZIP	MIAMI FL 33160	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do 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 on an attachment with an address.					
SIGNATURE: <i>[Signature]</i>			SIGNATURE: <i>[Signature]</i>		
NAME OF SIGNING OFFICER OR DIRECTOR			NAME OF SIGNING OFFICER OR DIRECTOR		

CF2E034 (9/96)

SIGNATURE: *[Signature]* Robert Salamon 4/9/97 9549222379