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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$77288

1. Corporation Name

GUYTANO'S GRILLE, INCORPORATED

Principal Place	of Business	Mailir	ng Address; · /	· :.		_	((Control of the co		
2220 E OCEAN	RIVD	130 S	W 1ST AVENUE	-			, in the second of the second		
STUART FL 34996			DANIA FL 33004						
		US					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	1	
		٠					09/03/1991		
2. Principal Pl	ace of Business	2a. M	lailing Address				4. FEI Number Applie		
21	·	26					00 0200010	pplicable	
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Add		
22		27	·	_			Fee Requi		
City & State			City & State				6. Election Campaign Financing \$5.00 Ma		
23			28				Trust Fund Contribution Added to Fees		
Zip	Country	Z	ip	Cou	ıntry		This corporation owes the current year Intangible		
24	25	29		30			T dissilativispoint, Table	No	
	9. Name and Address of Current	Register	red Agent		 		10. Name and Address of New Registered Agent		
					81	Name			
	EL, ROBERT				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
1001 IVES DIARY RD					oli cel Add				
MIAN	/II FL 33171				83				
	•					-	85 Zip Cod		
					84	City	FL 85 Zip Cod	• {	
44 Pursuant	to the provisions of Sections 607 0502	and 607	.1508. Florida Statute	es, the a	bove	-named co	propration submits this statement for the purpose of changing its reg	istered	
office or re	egistered agent, or both, in the State of	f Florida.	Such change was at	uthorize	d by	the corpora	orporation submits this statement for the purpose of changing its recation's board of directors. I hereby accept the appointment as regist	ered	
agent. I ai	m familiar with, and accept the obligati	ions of, S	ection 607.0505, Fioi	nda Stai	iutes,				
SIGNATURE	Stanature, typed or printed name of registered agent	and title if or	nolionble (NOTE:	Pecistere	1 Acen	t eignature regu	uired when reinstating) DATE	}	
12.	OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	13.		, organization of the	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	DP STREET	201120	☐ DELETE	1.1 T	ITLE			Addition	
NAME	SALAMON, ROBERT		_		AME				
i	130 SW 1 AVE					ADDRESS			
STREET ADDRESS							•		
CITY-ST-ZIP	DANIA FL		☐ DELETE	2.1 T	TY-SI	-ZIP	[] Change	Addition	
TITLE	DST ALAN			- 1		ł	_ surrig.		
NAME	BRIZEL, ALAN				AME	ĺ			
STREET ADDRESS	18181 NE 31 CT. #1102					ADDRESS	•		
CITY-ST-ZIP	MIAMI FL			_	OTY-S	T-ZIP		- Addition	
TITLE			☐ DELETE	3.1 T			☐ Change	Addition	
NAME:	and the second second		-	3.2 N	AME		e this was		
STREET ADDRESS				3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				3.4. 0	CITY-\$	f-ZIP			
TITLE			☐ DELETE	4.1 T	ME		☐ Change	Addition	
NAME				4.21	MAME				
STREET ADDRESS	•			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				4.4 0	TY-8	r-ZIP			
TITLE			☐ DELETE	5.1 T	ITLE		☐ Change	☐ Addition	
NAME	1			5.2 N	IAME		•	ŀ	
STREET ADDRESS	• •			5.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	•			5.4 0	:ITY-\$	r-ZIP			
TITLE			☐ DELETE	6.1 T	ITLE		☐ Change	Addition	

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 of 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90230 027 ***150.00

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