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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S96040**

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90018 016 ***150.00

CIRCLE TOWN RESTAURANT GROUP, INC.					L 1884 (2) A 410 1614 A	!!!! 88 !!! 818)	 		
Principal Place	e of Business	Mailing Address)	: BE! B B !	D FOST MINIT AS DE	Binti ninii inni
900 E. PINE STREET 900 E. PINE STREET										
SUITE 126 SUITE 126						DO 4	IOT WRIT	E IN THIS	SPACE	
ENGLEWOOD FL ENGLEWOOD FL						3. Date Incorporated or		L IIV TITIC	OI AUL	
						11/22/1991	Quabu			,
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			· A	pplied For
21		26	26			65-0298213			N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status D	ocirod		*	Additional
22		27				5. Certificate of Status D	esiieu		Fee F	equired.
City & State	e	City & State	City & State			6. Election Campaign Fi	nancing			May Be
23	. <u> </u>	28				Trust Fund Contribution				to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes		nt year In	tangible Yes	□No
24	9. Name and Address of Cur	29	30			Personal Property Ta: 10. Name and Address	***	naistarad		
	9. Name and Address of Cur	rent Registered Agent	8	1 N	ame	10. Name and Address	OI NEW IN	gistered	Agent	··
DICK	(INSON, ROBERT A.		L							
	S. INDIANA AVENUE		8	2 S	treet Addres	ess (P.O. Box Number is No	t Acceptal	ole)		
ENG	LEWOOD FL 34223		8	13			71.36.75 2. 41.1			
			8	34 C	ity	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aa ' . S 9 ₩ /	F1	85 Zip	Code
and the second				- 1			-4 6au Maa 1	urnose of	<u> </u>	
11 Pursuant	to the provisions of Sections 607 (1502 and 607 1508 Florida Statut	es, the abo	ve-na	med corpor	ration submits this statemer	nt for the p	Jui pose oi	changing it	s registerea
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508, Florida Statut ate of Florida. Such change was a	es, the abouthorized b	ve-na	med corpor corporation	oration submits this statement of directors, I here	by accept	the appo	intment as r	s registered egistered
office or n agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obline in the stamps of the section o	0502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the abo uthorized b rida Statute	ove-na by the es.	imed corpor corporation	oration submits this statement of directors, i here	eby accept	the appo	intment as r	s registered egistered
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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.

941-474-2206