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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

MELBOURNE DINING & PATIO, INC.

Mailing Address

% CYNTHIA M. LIBERTO 2565 W. NEW HAVEN AVENUE W. MELBOURNE FL 32904

Principal Place of Business

% CYNTHIA M. LIBERTO 2565 W. NEW HAVEN AVENUE W. MELBOURNE FL 32904

## **FILED** Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1992

								06/15/1992				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	Α	pplied For	
21	ri I			26					59-3127622	N N	ot Applicable	
Suit	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	sired S8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing	\$5.00	May Be	
23			28	28					Trust Fund Contribution		to Fees	
Zip		Country		Zip Cou			ountry		8. This corporation owes or has paid the cu	rent year In	tangible	
24	2	5	29		30				Personal Property Tax due June 30.	☐ Yes [	□ No □	
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered	Agent		
LIBERTO, CYNTHIA M.							1	Name				
2565 W. NEW HAVEN AVENUE							82 Street Address (P.O. Box Number is Not Acceptable)					
W. MELBOURNE FL 32904						-	, , , , , , , , , , , , , , , , , , , ,					
						83	1					
							84 City		11	0		
					8		1	City	FL	<b>85</b>   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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	·	OFFICERS AND I	DIREC	TORS		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	D			☐ DELETE		1.1 TITLE				Change	Addition	
NAME LIBERTO, CYNTHIA M.				1.2 N								
STREET ADDRESS 2565 W. NEW HAVEN AVE				1.3 S			T AI	DDRESS				
CITY-ST-	ZIP W. MELB		1,4 0			ST-	- ZIP					
TITLE	Р			DELETE	7	2.1 TITLE	•			☐ Change	Addition	
NAME	LIBERTO	LIBERTO, SALVATORE					2.2 NAME					
STREET ADDRESS 2565 W. NEW HAVEN AVE.				2.3 \$1			2.3 STREET ADDRESS				ļ	
CITY-ST-	ZIP W. MELB		2 :			2 4 CITY-ST-ZIP		* white*				
TITLE				☐ DELETE	3	3.1 TITLE				☐ Change	Addition	
NAME	AME			3.2 N			3.2 NAME				ļ	
STREET ADDRESS				3.3 S			3.3 STREET ADDRESS					
CITY-ST-ZIP							3.4. CITY-ST-ZIP					
TITLE				DELETE		,1 TITLE				☐ Change	Addition	
NAME					4	. 2 NAME					İ	
STREET ADDRESS					4.3 STREET ADDRESS			DDRESS			ľ	
CITY-ST-	ZIP				4	.4 CITY-S	ST-	ZIP				
TITLE				☐ DELETE	5	.1 TITLE				Change	Addition	
NAME					Ę	.2 NAME						
STREET AD	DRESS				5	.3 STREET	I AI	DDRESS				
CITY-ST-	ZIP				5	4 CITY-S	ST-	ZIP				
TITLE				☐ DELETE		.1 TITLE	_			Change	Addition	
NAME					6	.2 NAME		j				
STREET AD	ORESS				1 6	.3 STREET	I AE	DDRESS				
CITY-ST-2	RIP				6	4 CITY-S	ST	ZIP			ļ	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes.											information	

of this armon 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.