

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 26 1997 8:00am  
Secretary of State

DOCUMENT # **V44661**

(9)

1. Corporation Name

**MAX'S ROADSIDE GRILLE, INC.**

Principal Place of Business

**321 UNIVERSITY DR  
PLANTATION FL 33324  
US**

Mailing Address

**4411 CLEVELAND AVENUE  
FORT MYERS FL 33901-9011**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** Country

3. Date Incorporated or Qualified

**06/16/1992**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**65-0354972**

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARGANO, ANTHONY J.  
1529 ROYAL PALM SQUARE BLVD.  
SUITE 260  
FORT MYERS FL 33919**

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

Signature of the person filing this report (if not the registered agent, then the officer or director)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                  | STREET ADDRESS       | CITY-STATE-ZIP   | DELETE                   |
|-------|-----------------------|----------------------|------------------|--------------------------|
| CEOD  | LAGESCHULTE, DAVID L. | 2644 SHRIVER DRIVE   | FORT MYERS FL    | <input type="checkbox"/> |
| DTS   | LYNCH, PAUL W.        | 5745 SANDPIPER PLACE | FORT MYERS FL    | <input type="checkbox"/> |
| DP    | BRAWNER, TERRY K.     | 77 S BIRCH RD        | FT LAUDERDALE FL | <input type="checkbox"/> |
|       |                       |                      |                  | <input type="checkbox"/> |
|       |                       |                      |                  | <input type="checkbox"/> |
|       |                       |                      |                  | <input type="checkbox"/> |
|       |                       |                      |                  | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|----------------|--------------------------|--------------------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul W. Lynch* **True**

**2/26/97**

**941-275-6339**

Daytime Phone #

CR2E034 (9/96)