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

PROFIT CORPORATION

Mar 12 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State

	1998 · · · · ·	DIVISION OF CO	ORPORATIONS	Scoretary (n State
	JMENT # V6019 ASOTA RESTAURANT EQUIF	• • • • • • • • • • • • • • • • • • • •			(B/B/4 Zella) Bebli Bibli 1884
			•		
Principal Pl	ace of Business	Mailing Address			. 41517 47517 41517 41417 1447
4487-C AS SARASOT/ US	HTON RD A FL 34233	P. O. BOX 825 OSPREY FL 34229 US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
		·		08/26/1992	
· ·	l Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite A	pt. #, etc.	26 Suite, Apt. #, etc.		65-0352554	Not Applicable
22	pr. #, 6tc.	27		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	tate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z ₁ ()	Country	This corporation owes or has paid the cur	· · · · · · · · · · · · · · · · · · ·
24	25	├ ──	30		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
	NUNN, VICTORIA		81 Name		
ľ	1487-C ASHTON ROAD SARASOTA FL 34233		82 Street A	Address (P.O. Box Number is Not Acceptable)	
)	W 1 10 0 17 1 E 0 1200		83		
	•		84 City	FL	85 Zip Code
11. Pursua	nt to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the submits and the submits of the submit	f changing its registered
agent.	Fam familial with, and accept the obli	igations of, Section 607.0505, Flor	ida Statutes.	rorations board of directors. Thereby accept the app	Jointenent as registered
SIGNATUR	F				
12.	Signature, typed or pointed name of registered a	NO DIRECTORS (NOTE:	Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	VICTORIA NUNN		1.2 NAME	VICTORIA TODA	
STREET ADDRES			1.3 STREET ADDRESS	4487-C+D ASHION Rd	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, Fl 34233	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRES	ss		2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2 4 CITY-ST-ZIP		Change Addition
TITLE	Ì		3.1 TITLE		Change Addition
NAME STREET ADDRES	ne l		3.2 NAME 3.3 STREET ADORESS		
CITY-ST-ZIP	55		3.4. CITY-ST-ZIP		
TITLE	····	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRES	is f		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRES	SS		5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CITY-ST-ZIP		Change To Address
TITLE		ר") here≀e	61 TITLE		☐ Change ☐ Addition
NAME STREET ADDRES	.e.		62 NAME 63 STREET ADDRESS		
CITY-ST-ZIP	~		64 CITY-ST-ZIP		
	y partity that the information symplical	with this filing does not availed for		d in Section 119 07/3Vi). Florida Statutes I further or	elife that the laferesetion

thereby certify that the information supplied with this tiling 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.

FILED