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

FILED May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name ANTONIA'S RESTAURANT, INC. Principal Place of Business Mailing Address 615 DUVAL STREET 615 DUVAL STREET KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1979 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 59-1958963 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\bigcap \) No Zip Country Ζφ Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERTO, ANTONIA **615 DUVAL STREET** Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City 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 registers diagent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE BERTO, ANTONIA NAME 1.2 NAME 615 DUVAL ST STREET ADDRESS 1.3 STREET ADDRESS **KEY WEST FL** CITY-ST-ZIP 1.4 City - ST- 7/P TITLE DELETE 2.1 TITLE Change ■ Addition SMITH, PHILLIP NAME 2.2 NAME 615 DUVAL ST STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DÉLETE Change Addition TITLE 4.1 TITLE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 trustoe 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. PHIONIC 4/1/00

6.4 CITY - ST - ZIP

CITY-ST-ZIP