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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 345142 1. Corporation Name

DAVGAR RESTAURANTS, INC.

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		Mailing Address				 		IBAN BIBNI BABNA	HANN ANDER HARD	
Principal Place		· ·	AH IP							
601 NORTH NEW YORK AVENUE 601 NORTH NEW YORK AVENUE POST OFFICE BOX 2066 POST OFFICE BOX 2066			100							
POST OFFICE BOX 2066 POST OFFICE BOX 2066 WINTER PARK FL 32790-2066 WINTER PARK FL 32790-2066			}			DO NOT WRITE IN THIS SPACE				
MINICH FROM	7 2 32/30 2000	(Ì	3. Date Incorporated or Qualifed				
		•				04/24/1969				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	-	A	oplied For	0
21		26				59-1267205		No	ot Applicable	٠
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional	
22		27				5. Certificate of Status Desired	٠	Fee Re	equired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Coun	itry		8. This corporation owes the curre	ent year Int			
24	25	29 3	10			Personal Property Tax.		Yes	□No	ŀ
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent		ł
				81 Name					•	
	TSMAN, ROBERT		}	82 Street A	Addres	s (P.O. Box Number is Not Accepta	ble)	···	-	1
222 W. COMSTOCK AVE						<u> </u>	·	in the same	0 344 5 44 48,44	
SUITE 210		8		83		· · · · · · · · · · · · · · · · · · ·				
· WINT	TER PARK FL 32789		-	84 City		* ************************************	<u> </u>	85 Zip	Code	1
				*			FL	11		}
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the ab	ove-named o	corpor	ation submits this statement for the	purpose of	changing its	s registered	1
agent I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statu	tes.				munent as re		
office or r agent. I a SIGNATURE	in familiar with, and accept the obligat	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R	da Statu Registered	tes.		rhen reinstating);	DATE			
agent I a	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	ions of, Section 607.0505, Florid t and little if applicable. (NOTE: R D DIRECTORS	da Statu	tes. Agent signature re		then reinstating)? ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	ORS IN 12	
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·CITY-ST-ZIP 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change ☐ Addition

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90006 043 ***150.00