

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 522678 (2)

1. Corporation Name  
**AMATO'S RESTAURANT, INC.**



Principal Place of Business

1110 S.W. 128 DRIVE  
DAVIE FL 33325

Mailing Address

1110 S.W. 128 DRIVE  
DAVIE FL 33325

3. Date Incorporated or Qualified <b>12/28/1976</b>	3a. Date of Last Report <b>04/25/1995</b>
4. FEI Number <b>16-0566609</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**BURKE, THOMAS**  
1110 SW 128 DRIVE  
DAVIE FL 33325

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 607.011(2) and 607.150(1), 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.011(2), Florida Statutes.

SIGNATURE

Signature of the Current Registered Agent

Signature of the New Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, THOMAS	2. NAME	
STREET ADDRESS	1110 SW 128 AVENUE	3. STREET ADDRESS	
CITY-STATE-ZIP	DAVIE FL	4. CITY-STATE-ZIP	
TITLE	SD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, MARY	6. NAME	
STREET ADDRESS	1110 SW 128 AVENUE	7. STREET ADDRESS	
CITY-STATE-ZIP	DAVIE FL	8. CITY-STATE-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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:

*Thomas Burke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BURKE

4-16-96

474166

CR2E034 (12/95)