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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 821289

RESTAURANT ASSOCIATES INDUSTRIES INC

Principal Place	e of Business	Mailing Address						II	THE MISSES MEMORIAL ME	#11 81811 1841
% RESTAURANT ASSOCIATES 120 WEST 45TH ST. NEW YORK NY 10036		% restaurant associa 120 West 45th St. New York NY 10036	TES			3. Date	DO NOT WRI	TE IN THIS	SPACE	
							29/1968			
2. Principal P	lace of Business	2a. Mailing Address					Number		Apr	olied For
21		26				13-	2624705			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Cert	tifcate of Status Desired		\$8.75 A	
22		27							Fee Rec	<u></u>
City & State		City & State				1	tion Campaign Financing		\$5.00 (· 1
Zip Country		Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible				
Zip	,	— <u> </u>	30	ito y			sonal Property Tax.			□No
24			1301				ne and Address of New R	Registered A	igent	
				81	Name					
1		N SYSTEM, INC.	-	82	Street Ad	ridress (P.O. E	Box Number is Not Accepta	able)		
1					000007	30.000 (1.07.2				
				83						
IALL	9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statistics or registered agent, 30-both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 607.0505, Inc. 1 am familiar with, and accept the obligations of, Section 607.0505, Inc. 1 am familiar with, and accept the obligations of, Section 607.0505, Inc. 1 am familiar with, and accept the obligations of, Section 607.0505, Inc. 1 am familiar with, and accept the obligations of, Section 607.0505, Inc. 1 am familiar with, and accept the obligations of, Section 607.0505, Inc. 1 am familiar with, and accept the obligations of, Section 607.0505, Inc. 1 am familiar with, and accept the obligations of, Section 607.0505, Inc. 1 am familiar with, and accept the obligations of, Section 607.0505, Inc. 1 am familiar with a control of the control o		-	84	City	-			85 Zip C	ode
					•			<u>FL</u>		
office or r	enistered agent oxboth in the State	of Florida. Such change was a	uthorized	bv ti	named control	orporation sub ation's board (mits this statement for the of directors. I hereby accer	purpose of o at the appoin	itment as reç	registered j
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statu	tes.	•					
SIGNATURE	Agriature, typed or printed name of registered age	The standard (NOT)	- Pagistared	Acent	rianature rea	uired when reinstat	ing)	DATE		
12. /		ND DIRECTORS	13.	-yeiii	signature req		TIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	DP	DELETE	1.1 TITI	LE					Change	☐ Addition
NAME	VALENTI, FORTUNATO		12 NAME							
STREET ADDRESS	131 COVE NECK ROAD		1.3 STF	REET	ADDRESS					}
CITY-ST-ZIP	OYSTER BAY NY 11771		1,4 CIT	Y-ST-	ZIP		,			
TITLE	S	☐ DELETE	ETE 2.1 TITLE						Change	Addition
NAME	JONES, LAURENCE		2.2 NA	ME	ĺ				/	
STREET ADDRESS	7 EUCLID PLACE		2.3 STF	REET	ADDRESS			•	1	
CITY-ST-ZIP	MONTCLAIR NJ 07042		2. 4 CIT	TY-ST						
TITLE	VT		3.1 TIT		- 15				rs.Change	
NAME	STOCKINGR, RICHARD C.	☐ DELETE	3.1 1/11	LE		NICE	PRESIDENT		Джопанде	☐ Addition
STREET ADDRESS		L. DELETE	3.2 NA			vice.	PRESIDEN ((Archange	☐ Addition
CITY-ST-ZIP	10 OLD CHESTER DRIVE	LI DELETE	3.2 NAJ	ME	ADDRESS	vice	PRESIDEN ((La couringe	∐ Addition :
CITY-ST-ZIP			3.2 NA 3.3 STF 3.4. CF	ME REET A	ADDRESS	_				
TITLE	10 OLD CHESTER DRIVE	☐ DELETE	3.2 NAJ 3.3 STF 3.4. CFF 4.1 TITI	ME REET A TY-ST LE	ADDRESS	TREN	REA		Change	☐ Addition
TITLE NAME	10 OLD CHESTER DRIVE PARSIPPANY NJ 07054		3.2 NAJ 3.3 STF 3.4. CF 4.1 TITI 4.2 NA	ME REET A TY-ST LE LME	ADDRESS - ZIP	TREN	REF FORREST)		
TITLE	10 OLD CHESTER DRIVE PARSIPPANY NJ 07054		3.2 NA/ 3.3 STF 3.4 CFF 4.1 TFFF 4.2 NA/ 4.3 STF	ME REET A TY-ST LE LME REET A	ADDRESS -ZIP -ADDRESS	TREW,	PERFOLK AL		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 OLD CHESTER DRIVE PARSIPPANY NJ 07054	☐ DELETE	3.2 NAJ 3.3 STF 3.4. CFI 4.1 TITI 4.2 NA 4.3 STF 4.4 CFI	ME REET A LE LME REET A Y-ST-	ADDRESS -ZIP -ADDRESS	TREW,	REF FORREST		□ Change	∠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10 OLD CHESTER DRIVE PARSIPPANY NJ 07054		3.2 NAJ 3.3 STF 3.4, CFI 4.1 TITI 4.2 NA 4.3 STF 4.4 CFI 5.1 TITI	ME REET A LE LME REET A Y-ST- LE	ADDRESS -ZIP -ADDRESS	TREW,	PERFOLK AL		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	10 OLD CHESTER DRIVE PARSIPPANY NJ 07054	☐ DELETE	3.2 NAJ 3.3 STF 3.4, CIT 4.1 TIT! 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT! 5.2 NAJ	ME REET A LE LME REET A Y-ST- LE ME	ADDRESS - ZIP - ADDRESS - ZIP	TREW,	PERFOLK AL		□ Change	∠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10 OLD CHESTER DRIVE PARSIPPANY NJ 07054	☐ DELETE	3.2 NAJ 3.3 STF 3.4, CIT 4.1 TITI 4.2 NAJ 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF	ME REET A LE LE REET A Y-ST- LE ME REET A	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	TREW,	PERFOLK AL		□ Change	∠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 OLD CHESTER DRIVE PARSIPPANY NJ 07054	☐ DELETE	3.2 NAJ 3.3 STF 3.4, CIT 4.1 TIT! 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT! 5.2 NAJ	ME TY-ST LE WE TY-ST- LE ME TY-ST- LE ME ME TY-ST- TY-ST- TY-ST-	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	TREW,	PERFOLK AL		□ Change	∠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10 OLD CHESTER DRIVE PARSIPPANY NJ 07054	☐ DELETE	3.2 NA/ 3.3 STF 3.4, CPT 4.1 TITU 4.2 NA/ 4.3 STF 4.4 CPT 5.1 TITU 5.2 NA/ 5.3 STF 5.4 CPT	ME REET A TY-ST LE ME REET A ME REET A LE ME REET A LE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	TREW,	PERFOLK AL		Change	Addition

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.

SIGNATURE:

CITY-ST-ZIP

RICHARD STOCKINGED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2127898100