

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

*** CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

DOCUMENT # K43540 (9)

1. Corporation Name
THE L J DINER CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **5660 W. SAMPLE RD. MARGATE FL 33073-3455**
Mailing Address: **5660 W. SAMPLE RD. MARGATE FL 33073-3455**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/03/1988	04/27/1994
22		27		4. FEI Number	Applied For
23		28		65-0085615	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> YES <input type="checkbox"/> NO	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEMET, JEFFREY C/O THE LJ DINER 5660 W SAMPLE RD MARGATE 33064				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	Zip Code		
				NEMET, JEFFREY c/o THE LJ DINER 8990 S.R. 84 DANIE FL 33224			

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(4), 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 607.15(5), Florida Statutes.

SIGNATURE: 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENSON, LEONARD	1.2 NAME	
STREET ADDRESS	6801 BAYFRONT DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE FL	1.4 CITY, ST, ZIP	
TITLE	VPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMET, JEFFREY	2.2 NAME	
STREET ADDRESS	7648 PINEWALK DRIVE SOUTH	2.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMET, JEFFREY	3.2 NAME	
STREET ADDRESS	7648 PINEWALK DRIVE SOUTH	3.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE FL	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMET, GERALD L.	4.2 NAME	
STREET ADDRESS	9733 WESTVIEW DRIVE #1312	4.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims credit equally for the exemption stated in Sections 119.07(2)(b), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: 4-27-95 305-472-8337

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR