

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jul 15 1996 8:00 am  
Secretary of State

DOCUMENT # **K43540 (9)**  
1. Corporation Name  
**THE L J DINER CORP.**



Principal Place of Business  
**5680 W SAMPLE RD.  
MARGATE FL 33073-3455  
US**

Mailing Address  
**THE LJ DINER  
P.O. BOX 290070  
DAVIE FL 33329-0070  
US**

3. Date Incorporated or Qualified **11/03/1988** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0085615** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country

24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**NEMET, JEFFREY  
C/O THE LJ DINER  
8990 S.R. 84  
DAVIE FL 33324**

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 607.0502 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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVENSON, LEONARD</b>	
STREET ADDRESS	<b>6801 BAYFRONT DRIVE</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>NEMET, JEFFREY</b>	
STREET ADDRESS	<b>6599 NW 97 DRIVE</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NEMET, JEFFREY</b>	
STREET ADDRESS	<b>6599 NW 97 DRIVE</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NEMET, GERALD L.</b>	
STREET ADDRESS	<b>9733 WESTVIEW DRIVE #1312</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was 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 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, partner 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 the front page with an address.

SIGNATURE: *Jeffrey Nemet* 7-196 954-412-8337  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)