

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT -9 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 280070 DAVIE FL 33329-0070 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/03/1988	3a. Date of Last Report 07/15/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0085615	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Michael Korsch
82 Street Address (P.O. Box Number is Not Acceptable) 2000 Glades Road
83 Suite 306
84 City Boca Raton
85 State FL
86 Zip Code 33431

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 *[Signature]* **Michael Korsch** DATE **10/16/97**

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary DeLacy	
1.3 STREET ADDRESS	8450 Strick Road #4	
1.4 CITY-ST-ZIP	Dunwoody, Florida 33324	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Maxie Smithers	
2.3 STREET ADDRESS	6474-3 Bay Club Drive	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	900002319719--8	
3.4 CITY-ST-ZIP	-10/14/97--01026--012	
4.1 TITLE	***550.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	900002319719--8	
4.4 CITY-ST-ZIP	-10/14/97--01026--013	
5.1 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

[Handwritten signature and date: 10/19/97]

14. I do 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.

CR2E034 (4/97)