FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M76455

(8)

WINTER PARK DINER, INC.

`

FILED Apr 15 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		
1700 FAIRBANKS AVE. WINTER PARK FL 32789		1700 FAIRBANKS AVE. WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				04/14/1988
9 Principal I	Place of Business	2a. Mailing Address		4. FEI Number Applied For
		26		59-2877968 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		\$8.75 Additione
22	, •	27		Certificate of Status Desired Fee Required
City & Sta	10	City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 3	10	Personal Property Tax due June 30. Yes XNo
	Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
D'AURIA, LINDA 81 Name				
			82 Street Add	ress (P.O. Box Number is Not Acceptable)
				,
			83	
			84 City	■■ 85 Zip Code
				FL
office or	registered agent or both in the St.	0502 and 607.1508, Florida Statutes ale of Florida. Such change was au digations of, Section 607.0505, Flori	thorized by the corooral	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and tille if applicable (NOTE:	Rogistered Agent signature requi	irod when reinstating) DAYE
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE	Change Addition
NAME	D'AURIO, LINDA		1.2 NAME	
STREET ADDRESS	24 SEAPORT BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	Change Addition
NAME			32 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 THILE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City - St - ZiP	
TITLE		☐ DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

14. 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.

DRALIL

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