

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # V44137

(O)

95 MAY -1 AM 9:31

1. Corporation Name

KIMKO RESTAURANTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2323 S. GOLDENROD ROAD
ORLANDO FL 32822

Mailing Address

2323 S. GOLDENROD ROAD
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
06/11/1992

3a. Date of Last Report
05/01/1994

4. FIC Number
59-3133588

Applied For
Not Applicable

5. Certificate of Status, Designated

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability not subject to tax under the 1994
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State of Incorporation

26. State of Incorporation

22. State of Incorporation

27. State of Incorporation

23. State of Incorporation

28. State of Incorporation

24. State of Incorporation

25. State of Incorporation

29. State of Incorporation

30. State of Incorporation

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOSHIDA, MITSUHIKO
2323 S GOLDENROD RD
SUITE 200
ORLANDO FL 32822**

81. Title

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, this corporation certifies that the information furnished in this report is true and correct to the best of its knowledge and belief, and that the corporation is not in violation of any provision of the Florida Statutes relating to the filing of this report.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO BE FILED, ANY DELETIONS IN 1

NAME

**D
YOSHIDA, MITSUHIKO
2323 S. GOLDENROD RD.
ORLANDO FL**

1. NAME

2. STREET ADDRESS

3. CITY

4. STATE

5. ZIP CODE

6. PHONE NUMBER

7. FAX NUMBER

8. E-MAIL ADDRESS

9. OTHER INFORMATION

10. DATE OF CHANGE

11. TYPE OF CHANGE

12. EFFECTIVE DATE

13. FILING DATE

14. FILING FEE

15. FILING METHOD

16. FILING STATUS

17. FILING TYPE

18. FILING CLASS

19. FILING CATEGORY

20. FILING SUBCATEGORY

21. FILING SUBCATEGORY

22. FILING SUBCATEGORY

23. FILING SUBCATEGORY

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29. FILING SUBCATEGORY

30. FILING SUBCATEGORY

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 607.01(2), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that the corporation is not in violation of any provision of the Florida Statutes relating to the filing of this report.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (407)281-1113