

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

**CORPORATION
ANNUAL REPORT
1995**



CLERK OF THE STATE
Wanda B. Moulton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 4: 16

DOCUMENT # 667710 (8)

1. Corporation Name

RIBS OF HALLANDALE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**4520 W. HALL BEACH BLVD.
HOLLYWOOD FL 33304**

Mailing Address
**2455 E. SUNRISE BLVD.
#511
FT. LAUDERDALE FL 33304**

3. Date Incorporated or Qualified **04/23/1980** 3a. Date of Last Report **10/07/1994**

4. FEI Number **59-1993924** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. **33023**

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**DOMINICK F MINIACI, EDQ
821 E BROWARD BLVD
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

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

(Signature of Registered Agent required when registering)

(Signature of Registered Agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

12a. NAME **PD GALGANO, FRANK**
12b. STREET ADDRESS **900 N.E. 26TH AVE.**
12c. CITY, ST., ZIP **FT LAUDERDALE, FL 00000**

12a. NAME **S CODY, THERESA**
12b. STREET ADDRESS **2128 BIT PATH**
12c. CITY, ST., ZIP **SEAFORD, NY 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2455 E. SUNRISE BLVD**
1.4 CITY-ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST- ZIP

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 119.07(3)(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. 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 of this report. I am an attachment with an address.

SIGNATURE:

as Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. GALGANO 2/14/95 305-525-6737