

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

ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:16

DOCUMENT # 671023 (0)

M & G RESTAURANT CORP.

Principal Place of Business
1430 SE 17TH STREET
FT LAUDERDALE FL 33304

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1980		3a. Date of Last Report 04/01/1994	
21		26		4. FEI Number 59-1998713		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GALGANO, FRANK 2716 N.E. 16TH STREET FT. LAUDERDALE FL 33305				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BLVD SUITE 511			
				83			
				84 City FT. LAUDERDALE			
				85 Zip Code 33304			

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: _____ (NOTE: Registered Agent signature required when replacing) _____ (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	V	1.1 TITLE		1.1 TITLE		☐ Change ☐ Addition	
NAME	MINIACI, DOMINICK	1.2 NAME		1.2 NAME			
STREET ADDRESS	821 E BROWARD BLVD	1.3 STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP			
NAME	P	2.1 TITLE		2.1 TITLE		☒ Change ☐ Addition	
NAME	GALGANO, FRANK	2.2 NAME		2.2 NAME			
STREET ADDRESS	2716 N.E. 16TH STREET	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2455 E. SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		FT. LAUDERDALE FL 33304	
NAME		3.1 TITLE		3.1 TITLE		☐ Change ☐ Addition	
NAME		3.2 NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP			
NAME		4.1 TITLE		4.1 TITLE		☐ Change ☐ Addition	
NAME		4.2 NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP			
NAME		5.1 TITLE		5.1 TITLE		☐ Change ☐ Addition	
NAME		5.2 NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
NAME		6.1 TITLE		6.1 TITLE		☐ Change ☐ Addition	
NAME		6.2 NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP		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(2)(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. 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: FRANK J. GALGANO 2/14/95 305-565-6737
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR