

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 671023 (0)

1. Corporation Name
M & G RESTAURANT CORP.

Principal Place of Business
1430 SE 17TH STREET
FT LAUDERDALE FL 33316
US

Mailing Address
2485 E SUNRISE BLVD
202
FT. LAUDERDALE FL 33304
US



DO NOT WRITE IN

SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/23/1980

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

4. FEI Number
59-1998713

22 City & State

27 City & State

5. Certificate of Status Desired ☒

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

24

25

29

30

8. This corporation owes or has paid the
Personal Property Tax due June 30:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALGANO, FRANK
2485 E SUNRISE BLVD
202
FT. LAUDERDALE FL 33304

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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 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 change. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS

TITLE V
NAME MINIACI, DOMINICK
STREET ADDRESS 821 E BROWARD BLVD
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE P
NAME GALGANO, FRANK
STREET ADDRESS 2455 E SUNRISE BLVD
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

if changing its registered
pointment as registered

Agent

85 Zip Code

if changing its registered
pointment as registered

D DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

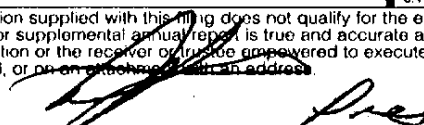
☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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 is true and accurate and that my signature shall have the same legal effect as if made by 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 Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

 Pres 4/10/98

certify that the information
under oath; that I am an
my name appears in

CR2E034 (10/97)