

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **611371** (6)

1. Corporation Name

BOBBY RUBINO'S PLACE FOR RIBS OF POMPANO, INC.



Principal Place of Business

1990 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304
US

Mailing Address

1990 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304
US

3. Date Incorporated or Qualified
02/28/1979

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **2501 N. FEDERAL HWY**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

POMPANO BCH, FL

24 Zip
33064

25 Country
USA

29 Zip

30 Country

4. FEI Number
59-1899312

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CASTELLANO, JOSEPH
1990 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
STUART ENGSTROM
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1990 E. SUNRISE BLVD**
84 City
FT. LAUDERDALE FL 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 607.005, Florida Statutes.

SIGNATURE

Stuart Engstrom, Controller

4-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASTELLANO, JOSEPH	
STREET ADDRESS	1990 E. SUNRISE BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTELLANO, PAUL	
STREET ADDRESS	1990 E. SUNRISE BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CONNIE MORMANDO	
3.3 STREET ADDRESS	1990 E. SUNRISE BLVD	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Paul Castellano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

DATE

954-763-1478

OFFICE PHONE #

CR2E034 (12/95)