

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10: 53

DOCUMENT # **654365** (6)

1. Corporation Name

SEASONS RESTAURANTS, INC.

Principal Place of Business

**8944 NW 24TH TERR
MIAMI FL 33172**

Mailing Address

**8944 NW 24TH TERR
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/22/1980** 3a. Date of Last Report **03/18/1994**
4. FEI Number **65-0194029** Applied For
Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**SINGLETARY, EUGENE C., JR.
8944 N.W. 24TH TERR.
MIAMI FL 33172**

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 607.0605, Florida Statutes.

SIGNATURE

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

(MULTIPLE Registered Agent Signatures required when existing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PST
SINGLETARY, EUGENE C.
8944 NW 24 TERR
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this report 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 record or true owner of the corporation and that I am authorized to execute this report as required by Chapter 997, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Eugene C. Singletary

January 17, 1995 (305)592-1311

(Date)

(Telephone Number)