

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current 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

3. Date Incorporated or Qualified

01/22/1980

3a. Date of Last Report

03/30/1995

4. FEI Number

65-0194029

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

10. Name and Address of New Registered Agent

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 (Print Name)

Signature of Registered Agent (Print Name)

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PST
SINGLETARY, EUGENE C.
8944 NW 24 TERR
MIAMI FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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34. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(305)592-1311

CR2E034 (12/95)