

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

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

1. Corporation Name  
**M & G RESTAURANT CORP.**

Principal Place of Business <b>1430 SE 17TH STREET                  FT LAUDERDALE FL 33316                  US</b>	Mailing Address <b>2485 E SUNRISE BLVD                  202                  FT. LAUDERDALE FL 33304                  US</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

DO NOT WRITE IN SPACE

3. Date Incorporated or Qualified  
**05/23/1980**

4. FEI Number  
**59-1998713**

6. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes or has paid tr Personal Property Tax due June 30:  
 Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Register Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the change of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>MINIACI, DOMINICK</b>
STREET ADDRESS	<b>821 E BROWARD BLVD</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>GALGANO, FRANK</b>
STREET ADDRESS	<b>2455 E SUNRISE BLVD</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
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	
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	

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 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 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, if an address.

SIGNATURE: \_\_\_\_\_ *Pres* *4/10/98*

Applied For  Not Applied For

**\$8.75 Additional Fee Required**

**\$5.00 May Be Added to Fees**

if changing its registered agent pointment as registered  Yes  No

D DIRECTORS IN 12  Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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

CR2E034 (10/97)