FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 RHED FLORIDA DEPARTMENT OF STATE May 24, 2000 8:00 am CORPORATION Katherine Harris ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 05-24-2000 90161 003 ***150.00 Restaurant Properties, Inc. Delta A0065036Principal Place of Business Mailing Address SAME Delta Restaurant 7905. Atlantic Ave DO NOT WRITE IN THIS SPACE Ormand Beach, FL. 32176-7881 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59.2181437 Not Applicable Suite, Apt. #, etc. Suite, Apt. #..etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. □No · 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Nicholas Karamitos Street Address (P.O. Box Number is Not Acceptable) 790 S. Atlantic Ave Ormand Beach, FE 32176 83 84 City 85 Zip Code ii. 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, typed or printed name of registered agent and title if applicab OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Maria Bourantanis □ DELETE **M**dition 1.1 TITLE Karamitas, Peter 1810 John Anderson CR2E034 1.2 NAME 27 Barrier DR "__I AÚDRESS 1.3 STREET ADDRESS Ormand Beach, FL 32174 Ormand Beach, 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change Addition Karamitas, Nicholas 2.2 NAME 3548 John Anderson Ormana Beach FL Bairy "__ ADDRES 2.3 STREET ADDRESS ST-ZIP 2. 4 CITY-ST-ZIP Addition ☐ Change 3.1 TITLE Bourantonis, Andrew C.
127 Barrier Isle Dr. 3.3 STREET ADDRESS ST ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change ☐ Addition 41 TITLE 4.3 STREET ADORESS ___ i adilatess ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS LAINBURG 5.4 CITY-ST-ZIP ST-ZIP DELETE 6.1 TITLE Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS LACORES 6.4 CITY-ST-ZIP 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 of supplied ental 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 of the ecceiver or director or directo

28/00 904-252-5206