FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 8:07

DOCUMENT # F93000001985 (1)

1. Corporation Name

A.D.I. RESTAURANT VENTURES, INC.

Principal Place of Business	Mailing Address
~~500 GAW MILL ROAD~~ 160 OXFORD ROAD ~~SUITE 209~~ MILFORD, CONN 06460 ~~WEST HAVEN CT 06516~~ US	~~500 GAW MILL RD.~~ 160 OXFORD ROAD ~~209~~ ~~WEST HAVEN CT 06516~~ MILFORD, CT. 06460 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/27/1993	02/02/1994

2. Principal Place of Business	2a. Mailing Address
21 160 OXFORD ROAD	26 160 OXFORD ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MILFORD CT 06460	City & State 28 MILFORD CT
Zip / County 24 06460 / 25 NEW HAVEN	Zip / County 29 06460 / 30 NEW HAVEN

4. FEI Number: 06-1329722 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when mandated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☒ Change ☐ Addition
NAME	MCPEAKE, FRANK J	12 NAME	
STREET ADDRESS	~~540 NEW HAVEN AVE., SUITE 207~~	13 STREET ADDRESS	160 OXFORD ROAD
CITY ST ZIP	MILFORD CT 06460	14 CITY ST ZIP	
TITLE	VPTD	21 TITLE	☒ Change ☐ Addition
NAME	MURPHY, MAUREEN	22 NAME	
STREET ADDRESS	~~540 NEW HAVEN AVE., SUITE 207~~	23 STREET ADDRESS	160 OXFORD ROAD
CITY ST ZIP	MILFORD CT 06460	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	SMITH, DEBORAH	32 NAME	
STREET ADDRESS	~~540 NEW HAVEN AVE., SUITE 207~~	33 STREET ADDRESS	160 OXFORD RD
CITY ST ZIP	MILFORD CT 06460	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 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: Frank J. McPeake FRANK J McPEAKE, PRESIDENT 203 641 2049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Area Code) Daytime Phone #

0403061 FN