

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000005174 (8)

1. Corporation Name

NATH FLORIDA FRANCHISE GROUP, INC.

FILED

97 OCT 20 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5775 WAYZATA BLVD.  
SUITE 800  
ST LOUIS PARK MN 55416

Mailing Address

5775 WAYZATA BLVD.  
SUITE 800  
ST LOUIS PARK MN 55416-1234

2. Principal Place of Business

21 900 EAST 79th STREET

Suite, Apt. #, etc.

22 #300

City & State

23 BLOOMINGTON, MN

Zip

24 55420

Country

2a. Mailing Address

26 900 EAST 79th STREET

Suite, Apt. #, etc.

27 #300

City & State

28 BLOOMINGTON, MN

Zip

29 55420

Country

3. Date Incorporated or Qualified

11/16/1993

3a. Date of Last Report

02/14/1996

4. FEI Number

41-1762875

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

ROSSELL, VANCE  
16 LAKE VISTA WAY  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

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

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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

*James J. Warner, Attorney*

9-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PDT  
NATH, MAHENDRA  
5775 WAYZATA BLVD.  
ST LOUIS PARK MN 55416

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DS  
NATH, ASHA  
5775 WAYZATA BLVD.  
ST LOUIS PARK MN 55416

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
V  
MEHTA, ASHOK  
5775 WAYZATA BLVD.  
ST LOUIS PARK MN

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D  
NATH, DEEPAK  
5775 WAYZATA BLVD  
ST LOUIS PARK MN

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D  
WALIA, SHALINI NATH  
5775 WAYZATA BLVD  
ST LOUIS PARK MN

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D  
WALIA, DAVE  
5775 WAYZATA BLVD  
ST LOUIS PARK MN

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

500002327855-4  
-10/23/97-01050-014  
\*\*\*\*758.75 \*\*\*\*758.75

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

REINSTATEMENT

97

SL

10-22-97

14. I do 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 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:

*Mahendra Nath*

9-10-97

(17-053-1100)

CR2E034 (9/96)