FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F95000003125 (0)

1. Corporation Name

NATH FLORIDA FRANCHISE GROUP II, INC.

Principal Place of Business
5775 WAYZATA BLVD., STE 800
ST LOUIS PARK MN 55416-1249

Mailing Address
5775 WAYZATA BLVD., STE 800
ST LOUIS PARK MN 55416-1249

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
06/28/1995

3a. Date of Last Report

4. FEI Number
41-1806613
☐ 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

ROSSELL, VANCE
16 LAKE VISTA WAY
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
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 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 ______

12. OFFICERS AND DIRECTORS

TITLE	CEOP	☐ DELETE
NAME	NATH, MAHENDRA	
STREET ADDRESS	5775 WAYZATA BLVD., STE 800	
CITY-ST-ZIP	ST LOUIS PARK MN 55416-1249	
TITLE	CFO	☐ DELETE
NAME	NATH, MAHENDRA	
STREET ADDRESS	5775 WAYZATA BLVD., STE 800	
CITY-ST-ZIP	ST LOUIS PARK MN 55416-1249	
TITLE	DV	☐ DELETE
NAME	MEHTA, ASHOK	
STREET ADDRESS	5775 WAYZATA BLVD., STE 800	
CITY-ST-ZIP	ST LOUIS PARK MN 55416-1249	
TITLE	DVS	☐ DELETE
NAME	NATH, ASHA	
STREET ADDRESS	5775 WAYZATA BLVD., STE 800	
CITY-ST-ZIP	ST LOUIS PARK MN 55416-1249	
TITLE	D	☐ DELETE
NAME	NATH, DEEPAK	
STREET ADDRESS	5775 WAYZATA BLVD., STE 800	
CITY-ST-ZIP	ST LOUIS PARK MN 55416-1249	
TITLE	D	☐ DELETE
NAME	WALIA, SHALINI N	
STREET ADDRESS	5775 WAYZATA BLVD., STE 800	
CITY-ST-ZIP	ST LOUIS PARK MN 55416-1249	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Asha · Nath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96
Date

612-542-3200
Daytime Phone #