

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001561 (7)**

1. Corporation Name

NATH RESTAURANTS, INC.

Principal Place of Business

**900 EAT 79TH STREET
#300
BLOOMINGTON MN 55420**

Mailing Address

**900 EAT 79TH STREET
#300
BLOOMINGTON MN 55420**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

41-1802370

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCT	<input type="checkbox"/> DELETE
NAME	NATH, MAHENDRA	
STREET ADDRESS	5775 WAYZATA BOULEVARD #800	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416-1249	
TITLE	WC	<input type="checkbox"/> DELETE
NAME	MEHTA, ASHOK	
STREET ADDRESS	5775 WAYZATA BOULEVARD #800	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416-1249	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NATH, ASHA	
STREET ADDRESS	5775 WAYZATA BOULEVARD #800	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416-1249	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALIA, SHALINI N	
STREET ADDRESS	5775 WAYZATA BOULEVARD #800	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416-1249	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NATH, DEEPAK	
STREET ADDRESS	5775 WAYZATA BOULEVARD #800	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416-1249	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	900 E. 79th STREET, #300
1.4 CITY-ST-ZIP	BLOOMINGTON, MN 55420-1392
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	900 E. 79th STREET, #300
2.4 CITY-ST-ZIP	BLOOMINGTON, MN 55420-1392
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	900 E. 79th STREET, #300
3.4 CITY-ST-ZIP	BLOOMINGTON, MN 55420-1392
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	900 E. 79th STREET, #300
4.4 CITY-ST-ZIP	BLOOMINGTON, MN 55420-1392
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900 E. 79th STREET, #300
5.4 CITY-ST-ZIP	BLOOMINGTON, MN 55420-1392
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DANFUDER WALIA
6.3 STREET ADDRESS	900 E. 79th STREET #300
6.4 CITY-ST-ZIP	BLOOMINGTON, MN 55420-1392

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 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

CR2E034 (10/97)