

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

FILED

May 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 # **F96000002804 (0)**

1. Corporation Name
RESTAURANT DEPOT ENTERPRISES, INC.



Principal Place of Business
15-24 132 ST
COLLEGE POINT NY 11356
US
1470 Copans Rd.
Pompano Bch, FL 33064

Mailing Address
15-24 132 ST
COLLEGE POINT NY 11356
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/05/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 13-3886671	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTINEZ, PEDRO 1470 COPANS ROAD POMPAÑO BEACH FL 33064				10. Name and Address of New Registered Agent 81 Name - Stanley Fleishman 82 Street Address or U. Box Number is Not Acceptable 1470 Copans Road 83 84 City Pompano Beach FL 85 Zip Code 33064	
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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 *S. Fleishman* **President** DATE **4/15/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLEISHMAN, STANLEY			1.2 NAME			
STREET ADDRESS	375 8TH AVENUE			1.3 STREET ADDRESS	15-24 132nd street		
CITY-ST-ZIP	NEW YORK NY			1.4 CITY-ST-ZIP	Flushing, NY 11358		
TITLE	STD VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRSCHNER, RICHARD G			2.2 NAME			
STREET ADDRESS	575 8TH AVENUE			2.3 STREET ADDRESS	15-24 132nd street		
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP	Flushing NY 11358		
TITLE	VASD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEBOWITZ, MORRIS			3.2 NAME			
STREET ADDRESS	575 8TH AVENUE			3.3 STREET ADDRESS	15-24 132nd street		
CITY-ST-ZIP	NEW YORK NY			3.4 CITY-ST-ZIP	Flushing NY 11358		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUBANENKO, SAMUEL B			4.2 NAME			
STREET ADDRESS	575 8TH AVENUE			4.3 STREET ADDRESS	2300 W. 57th street		
CITY-ST-ZIP	NEW YORK NY			4.4 CITY-ST-ZIP	Vernon, CA 90058		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

CR2E034 (10/97)