

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90030 008 ***150.00

DOCUMENT # F96000002804

1. Corporation Name

RESTAURANT DEPOT ENTERPRISES, INC.

Principal Place of Business

1470 COPANS RD
POMPANO BEACH FL 33064
US

Mailing Address

15-24 132 ST
COLLEGE POINT NY 11356
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1996

4. FEI Number

13-3886671

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLEISHMAN, STANLEY
1470 COPANS ROAD
POMPANO BEACH FL 33064

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	PD	<input type="checkbox"/> DELETE
NAME	FLEISHMAN, STANLEY	
STREET ADDRESS	15-24 132ND STREET	
CITY-ST-ZIP	FLUSHING NY 11350	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KIRSCHNER, RICHARD G	
STREET ADDRESS	15-24 132ND STREET	
CITY-ST-ZIP	FLUSHING NY 11356	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	LEBOWITZ, MORRIS	
STREET ADDRESS	15-24 132ND STREET	
CITY-ST-ZIP	FLUSHING NY 11350	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUBANENKO, SAMUEL B	
STREET ADDRESS	2300 W 57TH STREET	
CITY-ST-ZIP	VERNON CA 90058	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	1470 COPANS RD.
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CFO BRIAN EMMERT
5.3 STREET ADDRESS	15-24 132ND ST.
5.4 CITY-ST-ZIP	COLLEGE PT., NY 11356
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN EMMERT

1/5/99

Date

(718) 762-8700

Daytime Phone #

CR2E034 (11/98)