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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # F9600006660 1. Corporation Name

BRUNO ENTERPRISES, INC. - ARBY'S

| | · · · · · · · · · · · · · · · · · · · | | | | | · | | |
|---|---|--------------------|-----------------------|-----------------|-----------|---|---|--|
| Principal Place of Business Mailing Address | | | | | | | | |
| P.O. BOX 178 | | | P.O. BOX 178 | | | | | |
| LAPORTE IN 46352-0178 | | LAP | LAPORTE IN 46352-0178 | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | | | 12/19/1996 | |
| Principal Place of Business | | | Mailing Address | | | | 4. FEI Number Applied For | |
| 1 | | | 26 | | | | 35-1607580 Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | \$8.75 Additional | |
| 22 | | | 27 | | | | 5. Certificate of Status Desired Fee Required | |
| City & State | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | | 28 | | | | Trust Fund Contribution Added to Fees | |
| Zip | | | | Cou | intry | | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 | 29 30 | | | | Personal Property Tax. X Yes No | |
| 9. Name and Address of Current Registered Agent | | | | Π | | 10. Name and Address of New Registered Agent | | |
| | | | | | 81 | Name | ······································ | |
| Bruno, James D | | | | 82 | Ctract A | Address (P.O. Box Number is Not Acceptable) | | |
| 350 BALD EAGLE DRIVE | | | | 02 | Street Ac | Address (P.O. Box Multiper is Not Acceptable) | | |
| MARCO ISLAND FL 33937 | | | | 83 | | | | |
| | | | | | - | | Op 7: Codo | |
| | | | | | 84 | City | FL 85 Zip Code | |
| 11. Pursuant | to the provisions of Sections 607. | 0502 and 60 | 7.1508, Florida Statu | ites, the a | bove | e-named co | corporation submits this statement for the purpose of changing its registered | |
| office or n | egistered agent, or both, in the St m familiar with, and accept the ob | ate of Florida | a. Such change was : | authorized | עם כ | the corpora | ration's board of directors. I hereby accept the appointment as registered | |
| agent. i a | m tamiliar with, and accept the ob | nigations of, | Section 607.0505, Fi | onua Siai | uics | • | • | |
| SIGNATURE | Signature, typed or printed name of registered | agent and title if | anoticable (NOT | E: Registered | Agen | it signature regi | equired when reinstating) DATE | |
| 12. | | AND DIREC | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | | ☐ DELETE | 1.1 TI | TLE | $\overline{}$ | · Change Addition | |
| NAME | BRUNO, JAMES | 1.2 N | | AME | | | | |
| STREET ADDRESS | 0232 CHIPPEWA DRIVE | | | 1.3 \$ | TREET | ADDRESS | | |
| CITY-ST-ZIP | LAPORTE IN 46350 | | | | ITY-S | | | |
| TILE | TSD | | ☐ DÉLETE | 2.1 Π | _ | | ☐ Change ☐ Addition | |
| NAME | BRUNO, NANCY | | | AME | | , | | |
| STREET ADDRESS | 0232 CHIPPEWA DRIVE | | | | | T ADDRESS | | |
| | LAPORTE.IN 46350 | | | | | ST-ZIP | | |
| CITY-ST-ZIP TITLE | DV 0111E:81.40000 === | | DELETE | 3.1 7 | _ | 1-21 | ☐ Change ☐ Addition | |
| NAME | | | • | 32 N | | | | |
| STREET ADDRESS | | | | 1 | | T ADDRESS | '4 | |
| | | | | | | T-ZIP | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 4,1 TI | | 1-21 | ☐ Change ☐ Addition | |
| NAME | | | | 4.21 | | | 4 • 2 | |
| | | | | | | T ADDRESS | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | DELETE | 5.1 TI | 17Y-8 | I-ZIP | ☐ Change ☐ Addition | |
| TITLE | | | - Delete | 5.1 11 5.2 N | | 1 | | |
| NAME | | | | | | T ADDRESS | Ì | |
| STREET ADDRESS | | | | - 1 | | | · | |
| CITY-ST-ZIP | | | | | TY-S | I-ZIP | T Addition | |
| TITLE | | | ☐ DELETE | 6.1 TI | | | ☐ Change ☐ Addition | |
| NAME | | | | 6.2 N | MMI; | | Ĭ | |

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

0.00 Mass & 0.000

May 03, 1999 8:00 am Secretary of State

05-03-1999 90102 007 ***158.75