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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

	STAURANT CORP.	Mailing Address					
701 SE SIXTH A DELRAY BEACH	AVE.	701 SE SIXTH AVE. DELRAY BEACH FL 33483-51	12				
					3. Date Incorporated or Qualified 12/15/1982	3a. Date of Last Report 05/01/1996	
-	ace of Business	2a. Mailing Address			4. F£1 Number 59-2237281	Applied Fo	
Suite, Apt. 1	#. etc.	Suite, Apt. #, etc.				Not Applic \$8.75 Additions	
27		27			5. Certificate of Status Desired	Fee Required	
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28	Country		Trust Fund Contribution 8. This corporation has liability for	intangible tax under s. 199.03	
24	25	⊢	10			Yes No	·
	9. Name and Address of Curren	l Registered Agent		r	10. Name and Address of New Re	gistered Agent	
	RY FLORESCUE		B1	Name			
	SE SIXTH AVE.		B2	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
UCLI	RAY BEACH FL 33483		83	, , <u>, -</u>			
			84	City		85 Zip Code	
				,		FL I I	
11. Pursuant t	to the provisions of Sections 607,050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was au	s, the above	e-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby acce	purpose of changing its register pt the appointment as register	ered red
agent. I ar	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statutes	6.			
SIGNATURE .	Signature, typed or printed name of registered age	n: and title if applicative (NOTI	Registered Age	nt signature requ	ired when reinslating)	DATE	
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PTD BARRY W	☐ DELETE	1.1 TITLE			☐ Change ☐ Ad	Idilion
NAME	FLORESCUE, BARRY W. 701 SE SIXTH AVE.		1.2 NAME	1000000			
STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
TITLE	1/	DELETE	2.1 HILE	31-71		☐ Change ☐ Ad	dilion
NAME	SCHOOR, DANA		22 NAME				
STREET ADDRESS	SCHOOR, DANA TOI SE SINTH AUG DELARY BEACH FL		2.3 STREET ADDRESS				
CITY-ST-ZIP	DEIRRY BEACH	OCIARY BEACH FL		\$1-719		Change Ad	ddition
TITLE	,	DELETE	3.1 THILE 3.2 NAME			(] Grigriffe	Junion
STREET ADDRESS			3 2 NAME	ADDRESS			
CITY-ST-ZIP			3 4. CITY - 5	i			
TITLE		DELETE	41 HTLE			☐ Change ☐ Ad	ddition
NAME			4. 2 NAME				
STREET ADDRESS			4 3 STREET				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - S 5.1 TITLE	ST - ZIP		Change Ad	ddilion
NAME			5.2 NAME			L	
STREET ADDRESS			5.3 STREET	I ADDRESS			
CITY-ST-ZIP			5 4 CITY-5				
TITLE		DETETE	61 HTLF			☐ Change ☐ Ad	ddition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	1			
CITY-ST-ZIP	by cortifue that the information supplies	d with this films does not qualify	64 CITY-5	molion state	ed in Section 119.07(3)(i), Florida Statuti	es. I further certify that the	
informatio I am an o appears i	on indicated on this annual report or s officer or director on the corporation or in Block 12 or Block 13 if chywned, o	supplemental infruial report is tru the receiver or trustee empowe an attachment with an addr	ue and acci ared to exec ess.	urate and tha	at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if made under oath Statutes; and that my name	h; that