

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G38170** (8)

1. Corporation Name

**D E A RESTAURANT GROUP, INC.**



Principal Place of Business

Mailing Address

% ALBERT J. STEIGERWALD

2415 ALOMA AVENUE 859 Palmer Ave  
WINTER PARK FL 32782-32789

% ALBERT J. STEIGERWALD

2415 ALOMA AVENUE 859 Palmer Ave  
WINTER PARK FL 32782-32789

3. Date Incorporated or Qualified  
**05/12/1983**

3a. Date of Last Report  
**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-2279837**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIGERWALD, ALBERT J.

2415 ALOMA AVENUE 859 Palmer Ave.  
WINTER PARK FL 32782-32789

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	PDT	<input checked="" type="checkbox"/> DELETE
NAME	STEIGERWALD, ALBERT J.	
STREET ADDRESS	859 PALMER AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NEWHALLER, DANIEL W.	
STREET ADDRESS	2114 PALM VIEW DRIVE	
CITY-ST-ZIP	APOKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PANICO, JAMES P.	
STREET ADDRESS	111 S. MATLAND AVE.	
CITY-ST-ZIP	MATLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EICHER, JEFFREY M.	
STREET ADDRESS	1500 BERKSHIRE AVE.	
CITY-ST-ZIP	WINTER PARK FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeffrey Eicher	
1.3 STREET ADDRESS	1500 Berkshire Avenue	
1.4 CITY-ST-ZIP	Winter Park FL 32789	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steigerwald, Albert J.	
2.3 STREET ADDRESS	859 Palmer Avenue	
2.4 CITY-ST-ZIP	Winter Park FL 32789	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

(407) 644-0429

Date

Daytime Phone #

CR2E034 (12/95)