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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G58263** **(6)**

1. Corporation Name

BOBBY RUBINO'S OF SUNRISE INC.

Principal Place of Business	Mailing Address
1990 E. SUNRISE BLVD FT. LAUDERDALE FL 33304 US	1990 E. SUNRISE BLVD FT. LAUDERDALE FL 33304 US

2. Principal Place of Business	2a. Mailing Address
21 3606 N. UNIVERSITY DR	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 SUNRISE, FLORIDA	28 City & State
24 Zip 33322 / 25 Country USA	29 Zip / 30 Country

3. Date Incorporated or Qualified 09/06/1983	3a. Date of Last Report 04/12/1995
4. FEI Number 59-2320476	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$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

CASTELLANO, JOSEPH
60 COMPASS LANE
900 N.E. 26TH AVENUE
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: STUART ENGSTROM
82 Street Address (P.O. Box Number is Not Acceptable): 1990 E. SUNRISE BLVD
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33304

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: Stuart Engstrom / Castellano 4-26-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTELLANO 1990 E. SUNRISE BLVD FT. LAUDERDALE FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT PAUL CASTELLANO ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP CONNIE MARMANDO 1990 E. SUNRISE BLVD FT. LAUDERDALE, FL 33304 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP JOSEPH CASTELLANO 1990 E. SUNRISE BLVD FT. LAUDERDALE, FL 33304 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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, added, or deleted, with an address.

SIGNATURE: [signature] 4-26-96 954-763-1478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL CASTELLANO