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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

<del>"</del>	1996	DIVISION OI	F CORPOR	ATIC	NS				
DOCUN 1. Corporation	MENT # <b>G905</b>	72 (0)				· · · · · · · · · · · · · · · · · · ·			
FOOD	SPOT NO. 51, INC.								
						# # <b>##</b>      <b>##</b>      <b>##</b>		\$21 <b>8</b> 1811 81811	ALBER BIANT ES
	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T								
Principal Place of Business Mailing Address								BII <b>B</b> 3B3f B4B91	
7901 LUDLAN		7901 LUDLAM ROAD							
SOUTH MIAN	AI FL 33143	SOUTH MIAMI FL 33	143						
						3. Date Incorporated or Qualified		of Last Re	
2. Principal Place of Business 2a. Mailing Address						02/06/1984 4. FEI Number	<u>_</u>	5/01/19	
2a. Mailing Address						59-2375122	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc									Additional
22		27				5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing	<u></u>	\$5.0	O May Be	
23	0	28				Trust Fund Contribution			d to Fees
Zip <b>24</b>	Country Zip  25 29		30	intry			ation has liability for intangible tax under s 199.032, utes		
	9. Name and Address of Curr		[30]	Τ		10. Name and Address of New F		Agent	
				81	Name				
BRUCE WILNER				82	Street Ad	Idress (P.O. Box Number is Not Acceptat	ule)		
7901 LUDLAM RD					Street Address (F.O. Box Northber is Not Acceptable)				
MIAMI F	L 33143			83					
				84	City		——————————————————————————————————————	<b>85</b> Zg	o Code
11 Durswoot to	o the provisions of Sections 607 05	72 and 627 1500 Florida Otal	too the cha	<u>L_L</u>		oration submits this statement for the pu	<u>FL</u>	:Ш.	
or registere	ed agent, or both, in the State of Fic	rida. Such change was authori;	zed by the (	corpo	oration's bo	ioration submits this statement for the public and of directors. I hereby accept the app	rpose or ch ointment as	anging its r registered	egistered office agent. I am
	h, and accept the obligations of, Se	ction 607.0505, Florida Statute	\$.						
SIGNATURE: _	Signature, typed or printed name of registered age	ntanditterappicable (N	OTL Flugistere:	i Agert	l signature requ	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF			
TITLE	PD	DELETE		1. 1 TITLE		DIRECTOR		Change	Addition Addition
NAME OURSEL ARRESON	HARRIS, LARRY 7901 LUDLAM ROAD		1.2 N						
STREET ADDRESS CITY-ST-2IP	SOUTH MIAMI FL			1.3 STREET ADDRESS 1.4 C/TY-ST-ZIP					
TITLE	V DELETE			HTLE	1 - 211			Change	Addition
NAME	BEIGANI CILIAT			2 2 NAME			'		
STREET ADDRESS	7901 LUDLAM ROAD		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-2IP	SOUTH MIAMI FL				r- <b>Z</b> iP				
TITLE 6	V	DELETE	3. 1 3	HILE		GRECYTURE VP	Ī	3 Change	☐ Addition
NAME	WILNER, BRUCE S.		3.2 N						
STREET ADDRESS	7901 LUDLAM RD South Miami Fl				ADDRESS				
CITY-ST-ZIP TITLE	OOUTH MICHIEL	F'1 DELETE	3 4 C 4. 1 T	HTLF	I - ZH'			Change	Addition
NAME		E.J ********	4.2 N						Addition
STREET ADDRESS					ADDRESS	6000019 -05/08/96010	132	76	•
CITY-ST-ZIP			4.4 C	eTY-SI	r - ZiP	-05/08/96011	0450	38	
TITLE		☐ DELETE	5. 1 T	HTLE		***200,00		Change	Addition
NAME			5 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-2IP TITLE	PA			5.4 City-St-ZiP 6 1 Title		1980 AM (1.1.)		Change	Addition
NAME				6 2 NAME			l		
STREET ADDRESS	_				ADDRESS				15.1
CITY-ST-ZIP			64C	6.4 C/TY-ST-7/P					
14. I do hereby	y certify that the information supplied	d with this filing it voluntarily for	nished and	does	not qualify	y for the exemption stated in Section 119	.07(3)(k), Fk	rida Statut	es. I further
oath; that I appears in	I am an office or director of the con Block 12 or Bock (3) changed, o	poration of attacking and provider or truster on the receiver or truster on the anadometric with an add	ndarreporti ee empowe Iress.	red te	o execute t	y for the examption stated in Section 119 trate and that my signature shall have the this report as required by Chapter 607, F	same legal orida Statut	ellect as if es; and tha	made under at my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR