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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G90572

(0)

FOOD SPOT NO. 51, INC.

## **FILED** May 09 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					T BEBINI GDID IBILI BEIS, Britt febin tint arnt Bistr brett arnt arnt arnt andt					
7901 LUDLAM ROAD 7901 LUDLAM ROAD										
SOUTH MIAMI F	FL 33143	SOUTH MIAMI FL 33143-4	538							
						3. Date incorporated or Qualified	3a. Dat	e of Last f	Report	
						02/06/1984		1/1996	·	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	L	A	pplied For		
21		26			<b>59-2375122</b> Not Applicable			ot Applicable		
Sulte, Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		·	Additional		
22		27			5. Gerimoate of Status Desireti		Fee R	tequired		
City & State	,	City & State			6. Election Campaign Financing			May Be		
23		28	n	<u>.</u>		Trust Fund Contribution			I to Fees	
Zip	Country	Zip		intry		8. This corporation has liability for in			s. 199.032,	
24	25]	29	30			Florida Statutes  10. Name and Address of New Reg	Yes _			
DOI II	9, Name and Address of Current	negistered Agent		81	Name	10, Name and Address of New Neg	ilotol ou A	your		
	CE WILNER								at dashing Michael and Antonion for 17 and the	
	LUDLAM ROAD			82	Street Ad	reet Address (P.O. Box Number is Not Acceptable)				
200	TH MIAMI FL 33143			83						
				84	City		FL	<b>85</b> Zip	Code	
44 Durauant I	a the provisions of Sections 607 0502	and 607 1609. Florida Statu	lac than	bow	namod co	rporation submits this statement for the pu	Iroose of	L ]	its registered	
office or re	egistered agent, or both, in the State c	if Florida. Such change was	authorize	of by	/ the corpor	ation's board of directors. I hereby accep	t the appo	intment a	s registered	
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Sta	tutes	S.					
SIGNATURE .	Signature, typed or printed name of registered agen	and title if apolicable (NO	IL Registere	o Aoc	nt signature rec	gired when reinstaling)	DATE			
12.	OFFICERS AND	<del></del>	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 1110					Change	Addition 2	
NAME	HARRIS, LARRY	121		AME	ļ				2	
STREET ADDRESS	7901 LUDLAM ROAD	1.3.5		TREET	ADDRESS				[ ]	
CITY-ST-ZIP	SOUTH MIAMI FL 33143		1.4 CH		ST - 21P					
TITLE	V	DELETE	211111					Change	Addition C	
NAME	DEUTSCH, ELLIOT		2,2 N							
STREET ADDRESS	7901 LUDLAM ROAD		2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	SOUTH MIAMI FL 33143		2.40	CHY-	S1-ZIP					
TITLE	EXVP	☐ DELETE	3.1 7	11 L.E				Change	Addition	
NAME	WILNER, BRUCE S.		321	AME						
STREET ADDRESS	7901 LUDLAM ROAD		338	1REE1	ADDRESS					
CITY-ST-ZIP	SOUTH MIAMI FL 33143				S1 - Z(P					
THILE		☐ DELF1E	4.11					Change	Addition	
NAME				NAME					}	
STREET ADDRESS			435	TREET	ADDRESS				Ì	
CITY-ST-ZIP		T colors			ST-7IP			C	- I seeded	
TITLE		DELETE	5.1 10TLF					Change	Addition	
NAME				AME						
STREET ADDRESS			i i		ADDRESS				1	
CITY-\$T-ZIP		DELETE			\$1-7IP			Change	Addition	
TITLE		L.J OEREIE	6.11					L Change	LT MORRION	
NAME		N .	1	IAME						
STREET ADDRESS					I ADDRESS	•				
CITY-ST-ZIP	by certify that the information sandia	with this filing does not out			ST-ZIP	ted in Section 119.07(3)(i). Florida Statute	s. I further	certify tha	et the	

mental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address. Information Indicated on the Lam an officer or director appears in Block 12 of Block