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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS

FILED May 14 1998 8:00am Secretary of State

1	MENT # G9977 EE RESTAURANT EQUIPME	` '					
Principal Plac	e of Business	Mailing Address		I 1001111 5010 10110 19111 10911 18001	DILLE MANAGE BUNDIN A	ilett Billti Ald	
C/O ORVILLE L. RODBERG C/O ORVILLE L. RODBER			ERG				
8011 8. Dixie Highway West Palm Beach Fl 33405		8011 S. DIXIE HIGHWAY		DO NOT WRITE IN THIS SPACE			
WEST PALM	BEACH FL 33405	WEST PALM BEACH FL	33405	3. Date Incorporated or Qualified	E IN THIS SI	PACE	
1				03/16/1984			
2, Principal P	Place of Business	2a. Mailing Address		4. FEI Number	·	IAn	plied For
21		26		59-2414345			t Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	rter -	\$8.75 /	
22		27		5. Certificate of Status Desired		Fee Re	quired
City & Stat 23	θ	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be o Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa			angible
24	25	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
50	g, Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New R	egistered A	gent	
	DDBERG, LAUREN		I Name				
6709 \$. Flagler Dive West Palm Beach Fl 33405			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
***	LOT TALM BEAUTITE 30403		83				
						I I	
			84 City		FL	85 Zip (i
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above named cor	rporation submits this statement for the lation's board of directors. I hereby accer	purpose of c	hanging it	s registered
agent. La	egistered agent, or both, in the State im f ami liar with, and accept the oblig	ations of, Section 607,0505, F	autriorized by the corpora lorida Statutes:	ation's board of directors. I hereby accer	ipt the appo	ntment as	registered
SIGNATURE							
12.	Signature, typed or printed name of registered age OF LICERS AN	ent and ide if applicable (NO ID DIRECTORS	It. Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDE AND I	DIDECTOR	C IN 10
TITLE	C	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	RODBERG, EVE		1.2 NAME		-		
STREET ADDRESS	6709 S FLAGLER DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP				
TITLE	PD	☐ DELETE	2.1 TITLE		E	Change	Addition
NAME	RODBERG, LAUREN		2.2 NAME				
STREET ADDRESS	6709 S FLAGLER DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL	T Driver	2.4 CITY-ST-ZIP		···	7	
TITLE		☐ DELETE	3.1 TITLE		L] Change	☐ Addition
NAME .			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
TITLE		DELETE	3.4. CITY-S1-ZIP 4.1 TITLE	······································	· · · · · · ·	Change	Addition
NAMÈ 👡		DECENT	4.2 NAME		L	_ onungo	Radilloil
STREET ADDRESS			4.3 STREET ADDRESS				,
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		L	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE	· -		Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

14-27-00