

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H40021

(8)

1. Corporation Name

CACTUS RESTAURANTS, INC.

Principal Place of Business

100 S ASHLEY #820
SUITE 1800
TAMPA FL 33602

Mailing Address

100 S ASHLEY #820
SUITE 1800
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1985

3a. Date of Last Report

05/24/1994

4. FEI Number

59-2495020

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

2. Principal Place of Business

21 Cell West Bay St.

2a. Mailing Address

26 Cell West Bay St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Tampa FL.

27 City & State

28 Tampa FL.

24 Zip Country

25 33606

29 Zip Country

30 33606

9. Name and Address of Current Registered Agent

GOLD, HERBERT
100 S ASHLEY #820
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Kathy Murphy

82 Street Address (P.O. Box Number is Not Acceptable)

Cell West Bay St.

83

84 City

Tampa

FL

85 Zip Code

33606

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

Kathy Murphy

(NOTE: Registered Agent signature required when resigning)

DATE

4/12/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
SHIMBERG, MANDELL
3435 BAYSHORE BLVD / STE 1000
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
CROSS, GLEN
8515 RIVERVIEW DR.
RIVERVIEW FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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, when in address.

SIGNATURE:

Mandell Shimberg

4/6/95

Signature Number 8