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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** J50159 1. Corporation Name

TIFFANY FAMILY RESTAURANT, INC.

Principal Place of Business Mailing Address

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90264 003 \*\*\*150.00



2828 S. MCCALL ROAD #18#2 170 W DEARBORN ENGLEWOOD FL 34224 ENGLEWOOD FL 3 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/05/1987
Principal Place of Business     2a. Mailing Address			_		4. FEI Number Applied For
26					59-2761258 Not Applicable -
Suite, Apt. #, etc. Suite, Apt. #, e			C.		5. Certificate of Status Desired   \$8.75 Additional
22		27			Fee Required
City & State		City & State	¬ ·		6. Election Campaign Financing \$5.00 May Be
		28	Country		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun )	uy	8. This corporation owes the current year Intangible Personal Property Tax
24	25	29 30	L		Personal Property Tax. Ys Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		B1 Name	
DUN	KIN, DAVID A.				
170 W DEARBORN			. ]	B2 Street	Address (P.O. Box Number is Not Acceptable)
	LEWOOD FL 34223		1	83	
			L		
				B4 City	El 85 Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  On the printed name of registered agent and title if applicable.					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITL		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  D
NAME	YIAPIS, CHRIS		1.2 NAW	1É	
STREET ADDRESS	2828 MCCALL RD STE 1 AND 2		1.3 STR	EET ADDRESS	Yianis Chris  2828 McCall Rd Suite 1 & 2
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY	/-ST-ZIP	Yiapis Chris 2828 McCall Rd Suite 1 & 2 Englewood, FL 34224
TITLE	DS	☐ DELETE	2.1 TITL	£	11)
NAME	YIAPIS, PENNY C.		2.2 NAN	ME .	Yiapis, Penny C.
STREET ADDRESS	2828 MCCALL RD STE 1 AND 2		2,3 STR	EET ADORESS	2828 McCall Rd, Suite-1 & 2
CITY-ST-ZIP	ENGLEWOOD FL		2, 4 CIT	Y-ST-ZIP	Englewood, FL 34224
TITLE	DV	☐ DELETE	3.1 TITL	£	P . Change Addition
NAME	YIAPIS, GEORGE		3.2 NAN	AE .	Yiapis, George
STREET ADDRESS	10307 WILMINGTON BLVD.		3.3 STR	EET ADDRESS	10307 Wilmington Blvd.
CITY-ST-ZIP	ENGLEWOOD FL		3.4. CIT	Y-ST-ZIP	Englewood, FI 34224
TITLE	DV	☐ DELETE	4,1 TITL	E	☐ Change ☐ Addition
NAME	YIAPIS, DEAN		4, 2 NA	ME	
STREET ADDRESS	2828 MCCALL RD STE 1 AND 2		4.3 STR	EET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CIT	/-ST-ZIP	
TITLE	DST	☐ DELETE	5.1 TITL		☐ Change ☐ Addition
NAME	YIAPIS, JANENE S.		5.2 NAM	_	,
STREET ADDRESS	2828 MCCALL RD STE 1 AND 2			EET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL			/-ST-ZIP	
TITLE		☐ DELETE	6.1 TITL		Change Addition
NAME			6.2 NAN		
STREET ADDRESS				EET ADORESS	
1	i e e e e e e e e e e e e e e e e e e e		e 4 CID	CT TID	i

14. I hereby 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 true ee 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 attechment with an address, with all other like empowered.

Date

Daytime Phone #