

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J50159

1. Entity Name

TIFFANY FAMILY RESTAURANT, INC.



Principal Place of Business

2828 S. MCCALL ROAD #1
ENGLEWOOD, FL 34224

Mailing Address

170 W DEARBORN ST
ENGLEWOOD, FL 34223 US



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2761258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNKIN, DAVID A.
170 W DEARBORN
ENGLEWOOD, FL 34223

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME YIAPIS, CHRIS
STREET ADDRESS 2828 MCCALL RD STE 1 AND 2
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE D
NAME YIAPIS, PENNY C
STREET ADDRESS 2828 MCCALL RD STE 1 AND 2
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE PD
NAME YIAPIS, GEORGE
STREET ADDRESS 10307 WILMINGTON BLVD.
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE DV
NAME YIAPIS, DEAN
STREET ADDRESS 2828 MCCALL RD STE 1 AND 2
CITY-ST-ZIP ENGLEWOOD, FL

TITLE DST
NAME YIAPIS, JANENE S.
STREET ADDRESS 2828 MCCALL RD STE 1 AND 2
CITY-ST-ZIP ENGLEWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000147522
E 100-4-90111-002 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #