FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:15

DOCUMENT # **J58541** **(0)**

1. Corporation Name
2002 RESTAURANT, INC.

Principal Place of Business	Mailing Address
575 MIRCALE MILE PLAZA VERO BEACH FL 32960	575 MIRCALE MILE PLAZA VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2771166	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LENZI, LEON P. 5725 N. A-1-A VERO BEACH FL 32963	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 8 West Harbor Drive 84 City Vero Beach FL 85 Zip Code 32960

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P-S-D	☒ Change ☐ Addition
NAME	LENZI, LEON P.	1.2 NAME		
STREET ADDRESS	5725 N. A-1-A	1.3 STREET ADDRESS	8 West Harbor Drive	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, Fl. 32960	
TITLE	D	2.1 TITLE	VP-D	☐ Change ☒ Addition
NAME	KISTLER, DEBORAH	2.2 NAME		
STREET ADDRESS	105 41 CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	T-D	☒ Change ☐ Addition
NAME	ALLEN, SHIRLEY	3.2 NAME		
STREET ADDRESS	5725 N AIA	3.3 STREET ADDRESS	8 West Harbor Drive	
CITY-ST-ZIP	VERO BCH FL	3.4 CITY-ST-ZIP	Vero Beach, Fl. 32960	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah Kistler Deborah Kistler 3/28/95 (407)569-1920
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

043A47 FF