SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

J74357

(1)

## INTERNATIONAL EATERIES OF PALM BEACH COUNTY, INC

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Principal Place of Business Mailing Address										81811 G1817 G1811	B1811 31811 1	)16H 1801
3365 N. FEDERAL HWY. FT. LAUDERDALE FL \$3306				<del>0005 N. FEDERAL-IMYY:</del> F <del>T. LAUDERDALE FL 33306 *</del>					DO NOT WRITE IN	THIS SPAC	E	
									3. Date Incorporated or Qualified		<del></del>	
									05/26/1987			
2. Principal P	lace of Busin		2a. Malling Address				4	4. FEI Number	L	Applied	d For	
21								<u>t.                                      </u>	65-0003183			plicable
Sulte, Apt.	#, etc.	- T-173	Suite. Apt. #, etc.					5. Certificate of Status Desired		75 Addit		
City & Stat		27 6								ee Requir		
City & Stat	.€			City & State  28 OKLANDO , FL					6. Election Campaign Financing		.00 May	
Zip Country			28 0/1 A Zip	150 071 174 174 1					Trust Fund Contribution		ided to Fe	
24	25			- 2-0-6 -		Country 0 45#			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Currer				771				10. Name and Address of New Registered Agent				<u>-</u>
LIRO	T, LUKE C					81	1 1	Name				
112 EAST STREET							2 8	Ctroot Addrou	as /D O. Bay Number in Not Apparents			
SUIT		, <del>_</del>					د اءُ	Stieet Audios	ess (P.O. Box Number is Not Acceptable)			
	PA FL 3360				83	3						
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						84	١,	City		FL 85	Zip Code	,
office or agent. I a	regist <b>ere</b> d ag am fa <b>m</b> lliar w	gent, or both, in the State vith, and accept the obliga	of Florida. Su ations of, secti	uch change was lion 607.0505, I	y the ∋s.	e corporation	ation submits this statement for the purpose n's board of directors. I hereby accept the a	appointment :	its registe as registe	red red		
Signature, typed or printed name of registered agent and title if applicable (NOTE: R  12. OFFICERS AND DIRECTORS							Agent	il signature require	ADDITIONS/CHANGES TO OFFICER	ATE	CTORS	Ik1 42
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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 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.

6.4 CITY-ST-ZIP

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MINION CONTRACTOR CONTRACTOR

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**FILED** 

Jul 16 1998 8:00am

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Secretary of State

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