ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. DUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

CUMENT #

ipal Place of Business

1999

SM RESTAURANTS, INC.

e. Las olas blvd. Lauderdale fl. 33301 716 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1987 4. FEI Number 2a. Mailing Address incipal Place of Business 65-0003049 26 Suite, Apt. #, etc. . 🗖 uite, Apt. #, etc. 5. Certificate of Status Desired 27

**FILED** Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90028 018 \*\*\*550.00

Applied For

\$8.75 Additional

Fee Required

Not Applicable



ty & State		City & State				6. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution Added to Feet				
		28				Trust Fund Contribution		Added	lo rees	
р	Country			untry		8. This corporation owes the current ye		van F	No	
25 29 30				_		Intangible Personal Property. Yes No  10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Ko	gistered A			
LEN	IOCE STEVEN			10'	Name	_				
LENOFF, STEVEN 1761 W. HILLSBORO BLVD				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 405 DEERFIELD BEACH FL 33442					<u> </u>					
				83						
				84 City 85 Zip Code						$\overline{}$
				Щ,			<u>FL</u>			
office or r	to the provisions of sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida. Such chan	ide was authoriz	ed by	the corporat	oration submits this statement for the purion's board of directors. I hereby accept	the appoint	ging its re nent as re	gistered gistered	.
=	im lamiliai with, and accept the obliga	ions or, section cor.	0000, 1101102 01	110101	<b>*•</b>					)
NATURE _	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regis	tered A	gent signature rec	ulired when reinstating)	DATE			
	OFFICERS AND		13	<u> </u>		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 1	12
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	KAMIOKA, MITSUKO	OKA, MITSUKO		1.2 NAME						- }
TADDRESS	716 E. LAS OLAS BLVD.			1.3 STREET ADDRESS						
T-ZIP	FORT LAUDERDALE FL 33301		1.4	1.4 CITY-ST-ZIP						
	P	DE	LETE 2.1	IITLÉ			<u> </u>	Change	Add	dition
J	KAMIOKA, GOTARO		2.2	SMAN	}				•	ļ
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T-ZIP	FORT LAUDERDALE FL 33301		2.4	CITY-S	T-ZIP					
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4.5.	7	O6	ELETE 6.1	TITLE	1		L	_ Change	∐ Ad	dition
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ndicated o an officer o		annual report is true a eiver or trustee emp	and accurate and owered to execu			ction 119.07(3)(i), Florida Statutes. I furt e shall have the same legal effect as if i equired by Chapter 607, Florida Statute	s; and that, r			