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

APPROVED AND FILED

95 APR 14 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K00687 (9)

1. Corporation Name
GLG RESTAURANTS, INC.

Principal Place of Business	Mailing Address
~~C/O W. MICHAEL DRINKLEY~~ ~~200 E LAS OLAS BLVD., SUITE 1600~~ ~~FT. LAUDERDALE FL 33301~~	~~C/O W. MICHAEL DRINKLEY~~ ~~200 E LAS OLAS BLVD., SUITE 1600~~ ~~FT. LAUDERDALE FL 33301~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: 2424 N UNIVERSITY
22: Suite, Apt. #, etc.
23: City & State: PEMBROKE PINES FLA
24: Zip: 33024
25: Country: BROWARD

2a. Mailing Address
26: ← SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0011960 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~DRINKLEY, W. MICHAEL~~
~~200 E LAS OLAS BLVD~~
~~SUITE 1600~~
~~FT. LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name: KAREN CANGELOSI
82 Street Address (P.O. Box Number is Not Acceptable): 11620 NW 42 ST
83:
84 City: SUNRISE FL 85 Zip Code: 33323

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: Karen Cangelosi — 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SP	11 TITLE		☐ Change ☐ Addition
NAME	CANGELOSI, ORAZIO	12 NAME		
STREET ADDRESS	11620 NW 42 STR	13 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	CANGELOSI, KAREN	22 NAME		
STREET ADDRESS	11620 NW 42 STR	23 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Karen Cangelosi — 4-10-95 — (305) 432-7001
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0208947 CP