

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K00687 (9)

1. Corporation Name

GLG RESTAURANTS, INC.



Principal Place of Business

Mailing Address

2424 N UNIVERSITY
300 E LAS OLAS BLVD., SUITE 1800
PEMBROKE PINES FL 33024
US

2424 N UNIVERSITY
300 E LAS OLAS BLVD., SUITE 1800
PEMBROKE PINES FL 33024
US

3. Date Incorporated or Qualified
11/02/1987

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 2424 N UNIVERSITY
22 Suite, Apt. #, etc

26 SAME
27 Suite, Apt. #, etc

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

23 City & State
PEMBROKE PINES FLA

28 City & State

24 Zip 33024
25 Country USA

29 Zip
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANGELOSI, KAREN
11620 NW 42 ST
SUITE 1800
SUNRISE FL 33323

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 VP

(NOTE: Registered Agent signature required when reinstating)

DATE

6/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SP
NAME CANGELOSI, ORAZIO
STREET ADDRESS 11620 NW 42 STR
CITY - ST - ZIP SUNRISE FL

TITLE V
NAME CANGELOSI, KAREN
STREET ADDRESS 11620 NW 42 STR
CITY - ST - ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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11 TITLE
12 NAME
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14 CITY - ST - ZIP

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41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k), 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 617, 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 VP

6/10/96 954 (32200)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR