FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # K16874

(5)

THE RESTAURANT MANAGEMENT GROUP, INC.

FILED Apr 08 1998 8:00am Secretary of State

	<u> </u>				
Principal Place of Business Mailing Address					
		13451 MCGREGOR BLVD			
		SUITE 34 Ft. Myers Fl 33919-2923	1	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				02/26/1988	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0040363	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		A Floring Committee Classical	· · · · · · · · · · · · · · · · · · ·
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
LO	NDON, SHELDON M.		61 Name		
9301 SW 94 PL			62 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
MIAMI FL 33176			oli coi rioc	1000 (1.0. DOX Maillbor is Not Addeptable)	
			83		
			84 City		AE 1 7:- Code
,			1 1 7	F	
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 register.					
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					
	Signature, typed or printed name of registered		: Registered Agent signature requ		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	PTD	DELETE	1.1 TALE		☐ Change ☐ Addition
HORVATH, ERNEST J. JR		LUTE OA	1.2 NAME		
STREET ADORESS	13451 MCGREGOR BLVD S	UITE 34	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FT MYERS FL	☐ DELETE	1.4 CITY - ST - ZIP		☐ Change ☐ Addition
	VD	Detere	2.1 TITLE		Change C Addition
NAME SCHMITT, JOHN M. STREET ADDRESS 13451 MCGREGOR BLVD SUITE 34		2.2 NAME			
		2.3 STREET ADDRESS		İ	
CITY-ST-ZIP TITLE	S S	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	HARDING, JOAN S.	out it	3.2 NAME		Las Strongo Las Fladition
STREET ADDRESS	13451 MCGREGOR BLVD S	HITE 34	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	SILE OF	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Į
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ł
Crty.St.710			64 CITY ST. 7IP		[

14. Thereby 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 13 if changed, or of the attachment with an address.

SIGNATURE: