

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # K17241 (6)

1. Corporation Name
CARLO'S RESTAURANT CONCEPTS, INC.



Principal Place of Business
822 SAWGRASS LN
NEW SMYRNA BCH. FL 32168

Mailing Address
822 SAWGRASS LN
NEW SMYRNA BCH. FL 32168-2045

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
03/08/1988

3a. Date of Last Report
02/05/1996

4. FEI Number

59-2891821

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

9. Name and Address of Current Registered Agent

SPENCE, HAL
221 N CAUSEWAY
NEW SMYRNA BCH. FL 32169

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. I, the undersigned, being a resident of this State, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered
office, or principal place of business, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME PVS
2. NAME MERKLE, FRED
3. STREET ADDRESS 822 SAWGRASS LN
4. CITY - ST. - ZIP NEW SMYRNA BCH FL
5. TITLE TD
6. NAME MERKLE, FRED
7. STREET ADDRESS 206 SAWGRASS LN
8. CITY - ST. - ZIP NEW SMYRNA BCH FL
9. TITLE
10. NAME
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100. CITY - ST. - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY - ST. - ZIP
5. TITLE ☒ Change ☐ Addition
6. NAME
7. STREET ADDRESS 822 SAWGRASS LANE
8. CITY - ST. - ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
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98. NAME
99. STREET ADDRESS
100. CITY - ST. - ZIP

14. I, the undersigned, 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 is true and correct on this annual report. If 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15.4

Original Filing #

CR2E034 (9/96)