

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 06

DOCUMENT # K34520

(2)

1. Corporation Name

WELLINGTON RESTAURANT CORPORATION

Principal Place of Business

Mailing Address

C/O STEAMERS RAW BAR AND GRILL
13860 WELLINGTON TRACE
WEST PALM BEACH FL 33414

C/O STEAMERS RAW BAR AND GRILL
13860 WELLINGTON TRACE
WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1988

3a. Date of Last Report

03/29/1994

4. FEI Number

65-0073035

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. 190(3)?
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSANADIS, THOMAS
14823 HORSESHOE TRACE
WEST PALM BEACH 33414

81 Name

TSANADIS, THOMAS

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

2098 POLO GARDENS DR. APT. 301

83

W. PALM BCH, FL

84 City

FL

85

Zip Code

33414

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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

(Signature typed or printed name of registered agent, officer or director)

(Signature typed or printed name of registered agent, officer or director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DP
TSANADIS, THOMAS J.
2098 POLO GARDENS DR APT. 301
W. PALM BCH, FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01(4)(a), Florida Statutes. I further certify that the information included 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 this corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13. If I am changed, please attach a new address.

SIGNATURE:

Thomas J. Tsanadis Pres. 2-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR