

**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 MAR 27 AM 11:09**

**DOCUMENT # K40438**

**(9)**

1. Corporation Name

**FLACO RESTAURANT, INC.**

Principal Place of Business

Mailing Address

**2212 TAMiami TRAIL NORTH  
NAPLES FL 33940**

**2212 TAMiami TRAIL NORTH  
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/21/1988**

3a. Date of Last Report

**04/11/1994**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**65-0148285**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**MEJO, RAUL  
2212 N. TAMiami TRAIL  
NAPLES FL 33940**

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 607.002 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

Signature typed in printed name, or (if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
FIGUEROA, TITO  
80 HOLLYWOOD DR  
OAKDALE NY**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 Section 110.07(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 holder of a power of attorney empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT OR OFFICER OR DIRECTOR

DATE

(Typed Name)

Photocopies of this form are not acceptable

1995 FLORIDA INTANGIBLE PERSONAL PROPERTY TAX RETURN FOR CORPORATION, PARTNERSHIP, AND FIDUCIARY AS OF JANUARY 1, 1995

640438  
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6666

The DR-601 C is a machine readable form. Please follow the handprint or machine print instructions.

If handprinting this document, please print your numbers as shown and write one number per box. Please write within the boxes.

0123456789

If typing this document, please type through the boxes and type all of your numbers together.

0123456789

650148285

F.E.I. NUMBER

FILING STATUS

Mark "X" in one box only

☐ Fiduciary

☐ Corporation

☐ Partnership

☐ Affiliated group of corps

Mark "X" if this is an ANCHORED RETURN

For Office Use Only

M M D D

NAME FLACO RESTAURANT INC

ADDRESS 2212 N TAMiami TR

ADDRESS NAPLES

CITY

FL 33940-4445

STATE

ZIP

Bank or S & L

Charitable Trust

Mark "X" if ADDRESS CHANGES

Mark "X" in appropriate box if:

SCHEDULE A

1. LOANS, NOTES, and ACCOUNTS RECEIVABLE

(From Schedule D, Line 18)

2. BENEFICIAL INTEREST IN ANY TRUST

3. BONDS (From Schedule B, Line 16)

4. STOCKS, MUTUALS, MONEY MARKET FUNDS, and LIMITED PARTNERSHIP INTERESTS (From Schedule C, Line 17)

5. AS AGENT FOR STOCKHOLDERS (From Schedule E, Line 19) (Do not enter negative value)

6. TOTAL TAXABLE ASSETS (Total of Lines 1 through 5)

7. TAX DUE (From Tax Calculation Worksheet, Line 14) (Rates: .002 - Corps. etc., .0015 - Banks, or .001 - Charitable Trusts)

8. CREDITS (From Tax Credit Worksheet, Line 15)

9. TOTAL TAX DUE (Subtract Line 8 from Line 7)

10. DISCOUNT (If postmarked on or before the last day of one of the following filing periods) January or February - 4%, March - 3%, April - 2%, May - 1%, June - 0%

11. PENALTY & INTEREST (See instructions)

12. VOLUNTARY ELECTION CAMPAIGN FINANCING TRUST FUND (\$5.00 - See instructions)

13. TOTAL DUE: (Line 9 minus Line 10, plus Line 11 plus Line 12) (Enter here and on Line 13a below)

DOLLARS

CENTS

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge. (ss. 199.232 (2); 92.525(2); & 837.06)

Signature of Taxpayer  Date  Telephone No. 914-354-2491

Signature of Individual preparing the return: FRANK H. HYDE - L.P.A. 335 5th Ave. - 33rd Fl.

Date 3-3-95 Preparer's S.S.N. or F.E.I. No. 104-28-2743

Payment Coupon 1995 New York, NY 10097 NOT DETACH RETURN WITH PAYMENT, MUST BE POSTMARKED ON OR BEFORE JUNE 30, 1995.

DR - 601 C R. 12/94

13a. Total Due From Line 13

13b. Less Amount Paid on Extension

13c. Total Due (Line 13a Less Line 13b)

In U.S. Funds Only

Enter correct name, address, and F.E.I. number below, if not preprinted

650148285

F.E.I. NUMBER

MAKE CHECKS PAYABLE AND MAIL TO:

FLORIDA DEPARTMENT OF REVENUE  
5050 W. TENNESSEE STREET  
TALLAHASSEE, FL. 32399-0145

NAME FLACO RESTAURANT INC

ADDRESS 2212 N TAMiami TR

ADDRESS NAPLES

CITY

FL 33940-4445

STATE

ZIP

0000 00030195 301503 6501482851

C03-02-0864889

**WORKSHEETS****(COMPLETE ONLY ONE (1) COLUMN BELOW)**DR-601C  
R. 12/94  
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<b>TAX CALCULATION WORKSHEET</b>	<b>A. Corporations, Partnerships, Affiliated Groups, &amp; Fiduciaries</b>	<b>B. Banking and Savings Associations</b>	<b>C. Charitable Trusts</b>
<b>A. Enter amount from Line 6</b>			
<b>B. Tax rate</b>	<b>X</b> .002	<b>X</b> .0015	<b>X</b> .001
<b>14. Tax Due (Enter on Schedule A, Line 7)</b>	14a.	14b.	14c.

<b>TAX CREDIT WORKSHEET</b>	
<b>A. Intangible tax paid to another state (see instructions) State</b>	<b>A.</b>
<b>B. Bank and Savings Association Credit</b>	
(1) 33% of prior year intangible tax	<b>B(1)</b>
(2) Intangible tax credit claimed against corporate income tax	<b>B(2)</b>
(3) Bank and Savings Association Credit [Line B(1) minus Line B(2)] (If negative enter zero)	<b>B.</b>
<b>15. Total Credit (Line A plus Line B) (enter on Schedule A, Line 8.)</b>	<b>15.</b>

**INTANGIBLE TAX NOTICE OF CHANGES****Effective**      /      /

To insure requested change is entered accurately, you **MUST** enter **all** data currently shown on return, and enter applicable changes in the spaces provided.

Date Florida residency established      /      /

<b>Data currently shown on return (Change from)</b>		<b>Corrections to be made on return (Change to)</b>	
<b>Filing Status</b> <input type="checkbox"/> Fiduciary <input type="checkbox"/> Affiliated Group of Corporations <input type="checkbox"/> Partnership <input type="checkbox"/> Corporations	<b>F.E.I. Number</b> <div></div>	<b>Filing Status</b> <input type="checkbox"/> Fiduciary <input type="checkbox"/> Affiliated Group of Corporations <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<b>F.E.I. number</b>
<b>Taxpayer Name</b>		<b>Taxpayer Name</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>		<b>City</b>	
<b>State</b>	<b>Zip Code</b>	<b>State</b>	<b>Zip Code</b>
<b>Please explain changes in filing status</b> _____ _____ _____		_____ _____ _____	

Signature of individual requesting change

Title

**Corporations and Partnerships are required to attach a balance sheet.**

Check the appropriate box below:(see information reports on stockholders)

- ☐ We hereby certify that this corporation is not required to file a notice of stock value because its shares are regularly listed on the public exchange or trades over the counter; or
- ☐ We hereby certify this corporation's Florida stockholders were notified of the just value per share on or before April 1, for all of its shares which are not publicly traded or are restricted. A copy of the value notice is attached to this return; or
- ☐ We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify that all Florida stockholders were notified of this election on or before April 1. A copy of the notice is attached to this return. The corporation has included the value of its shares held by Florida residents on this tax return; or
- ☐ We hereby certify that this corporation is claiming the international banking exemption.

- **Neither foreign currency nor funds drawn on other than U.S. banks will be accepted.**
- State law requires a service fee for returned checks or drafts of \$15.00 or 5 percent of the face amount, whichever is greater, not to exceed \$150.00 [s. 215.34 (2), F.S.].