

**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.

2. Principal Place of Business 26. 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

3. Date Incorporated or Qualified 3a. Date of Last Report  
**10/21/1988** **04/11/1994**  
4. FEI Number Applied For  
**65-0148285** Not Applicable  
5. Certificate of Status Desired  \$6.75 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  
**MEJIO, RAUL  
2212 N. TAMiami TRAIL  
NAPLES FL 33940**

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. Pursuant to the provisions of Sections 607.0102 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE DATE \_\_\_\_\_  
Signature typed in printed name of corporation (not used if applicable) (NOTE: Registered Agent signature required when reconstituting)

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
P **FIGUEROA, TITO**  
**80 HOLLYWOOD DR**  
**OAKDALE NY**  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, and the receiver or member empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an appointment with an addition.

SIGNATURE: DATE \_\_\_\_\_  
Signature typed in printed name of corporation (not used if applicable) (NOTE: Registered Agent signature required when reconstituting)

Photocopies of this form are not acceptable

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

6666  
PAGE 3

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.

0 1 2 3 4 5 6 7 8 9

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

0 1 2 3 4 5 6 7 8 9

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 FL 33940-4445  
CITY STATE ZIP

Bank or S & L Charitable Trust  
Mark "X" if ADDRESS CHANGES  
Mark "X" in appropriate box if:

SCHEDULE A

Table with 13 rows and columns for DOLLARS and CENTS. Rows include: 1. LOANS, NOTES, and ACCOUNTS RECEIVABLE; 2. BENEFICIAL INTEREST IN ANY TRUST; 3. BONDS; 4. STOCKS, MUTUALS, MONEY MARKET FUNDS, and LIMITED PARTNERSHIP INTERESTS; 5. AS AGENT FOR STOCKHOLDERS; 6. TOTAL TAXABLE ASSETS; 7. TAX DUE; 8. CREDITS; 9. TOTAL TAX DUE; 10. DISCOUNT; 11. PENALTY & INTEREST; 12. VOLUNTARY ELECTION CAMPAIGN FINANCING TRUST FUND; 13. TOTAL DUE.

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 Officer: [Signature] Date: [ ] Telephone No: 914-354-2491  
Signature of Individual: FRANK H. HYDE - L.P.A. 335 5th Ave. - 33rd Fl.

Mark X here if you transmitted funds electronically.  
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

Summary table with 3 rows: 13a. Total Due From Line 13; 13b. Less Amount Paid on Extension; 13c. Total Due (Line 13a Less Line 13b). Includes 'In U.S. Funds Only' label.

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  
6050 W. TENNESSEE STREET  
TALLAHASSEE, FL. 32399-0146

NAME FLACO RESTAURANT INC  
ADDRESS 2212 N TAMiami TR  
ADDRESS NAPLES FL 33940-4445  
CITY STATE ZIP

0000 00030195 301503 6501482851

C03-02-0864889

0006272

0076272

**WORKSHEETS**

(COMPLETE ONLY ONE (1) COLUMN BELOW)

DR-601C  
R. 12/94  
PAGE 4

<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>	
Filing Status <input type="checkbox"/> Fiduciary <input type="checkbox"/> Affiliated Group of Corporations <input type="checkbox"/> Partnership <input type="checkbox"/> Corporations	F.E.I. Number <input type="checkbox"/>	Filing Status <input type="checkbox"/> Fiduciary <input type="checkbox"/> Affiliated Group of Corporations <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	F.E.I. number
Taxpayer Name		Taxpayer Name	
Street Address		Street Address	
City		City	
State	Zip Code	State	Zip Code
Please explain changes in filing status			

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.].