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

DOCUMENT # K64889

(4)

GREAT NORTHERN RESTAURANT CORP.

FILED
May 08 1997 8:00am
Secretary of State

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Principal Pla	co of Business	Mailing Address		L 100/0/11 8/0 0/1/1 0/00% (0/01 /0/10 18/1 0/0/1 0/0/1 0/0/1 0/0/1 0/0/1 0/0/1 0/0/1 0/0/1					
% GARY L. ROGALSKI 3750 ORANGE PL BEACHWOOD OH 44122		% GARY L. ROGALSKI 3750 ORANGE PL BEACHWOOD OH 44122-4404							
					3. Date Incorporated or Qualified 02/10/1989		te of Last)1/1996	Report	
······································		2a. Mailing Address	n ~~~~		4. FEI Number			Applied For	
21		26			59-2935908			lot Applicable	
Suite, Apl	I #, €IG.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional tequired	
City & Str	ito	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28		Trust Fund Contribution			to Fees		
₂ Ζιρ	Country	Zip Country		У	8. This corporation has liability for intangible textunder s. 199.032,			s. 199.032,	
24	25	29	30				No		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered /	gent	*****************************	
	igalski, gary L.		8	Name					
10	55 KENSINGTON PARK DR #5	12	8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ile)			
AL	TAMONTE SPRINGS FL 32714					,			
			83	3					
			84	City			85 Zip	Code	
			-	1	rporation submits this statement for the pation's board of directors. I hereby accep	FL	1 1 .		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (N AND DIRECTORS	NOTE Registered A	gent signature requ	uked when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	DC BL (O	
TITLE	ח	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition	
NAME	ROGALSKI, GARY L.	hand DEEC IX	1.7 IN LE	ĺ			L. Onange	☐ Modition	
	AARE MENIAMATAN DIV DD								
STEEL ADDRESS	ALTAMONTE SPRINGS FL			ET ADDRESS	•				
CHY-ST ZIP	D D	DELETE	1.4 CITY- 2.1 TITLE				Change	Addition	
NAME	DIBENEDETTO, THOMAS R		2.2 NAME				onunge	F-1 Manija	
STREET ADDRESS	WA 1110110	•		ET ADDRESS					
CHI S! ZP	NAHANT MA		2.4 City						
TOLE	D	L DELETE	3.1 TITLE				Change	Addition	
NAME	SIGULER, GEORGE		3.2 NAME						
STREET ACCURESS	LIBURE PARK BOY 466		3.3 STREE	T ADDRESS					
Oliv-SI-ZIP	CONWAY MA		3.4. CITY	-ST-ZIP					
TITLE		DELETE	4.1 TITLE				Change	Addition	
NAM(4. 2 NAM	E					
STREET ADDRESS			4.3 STREE	T ADDRESS					
City-St ZIP			4.4 CITY-	ST-ZIP					
TIFLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST 20P		***************************************	5.4 CITY-	ST-ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAM:			6.2 NAME						
STREET ADDRESS			6.3 STAE6	T ADDRESS					
C:TY-ST ZIP			6.4 CITY-						
14. Lgo here	by certify that the information supp	olied with this filing does not qu	atify for the ex	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	t the	

ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address. Lam an officer or director of the appears in Block 12 or Block 1

SIGNATURE:

4/30/97 (216)831-0031