

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # K80564

1. Corporation Name:

THE DINING ROOM, INC.

(3)

Principal Place of Business

Mailing Address

JEFFREY BARLOW & BERNARD TREMBLAY
1000 N COLLIER BOULEVARD
MARCO ISLAND FL 33937

JEFFREY BARLOW & BERNARD TREMBLAY
1000 N COLLIER BOULEVARD
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

2. Physical Address of Business:

2a. Mailing Address:

21 Suite Apt # 400

26 Suite Apt # 400

22 Unit # 400

27 Unit # 400

23 City, State:

28 City, State:

24 County:

29 County:

30 County:

31 County:

B. Name and Address of Current Registered Agent

61. Name

62. Street Address (000 Area Number or Post Office Box)

63.

64. City

65. Zip Code

FL

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 407 of Part I and Section 408 of the Florida Statutes, the above named corporation authorizes the statement to be purposed of designating, designated officer or registered agent, or both, in the state of Florida, and it is so done, was authorized by the corporation's Board of Directors, hereby except the appointment as registered agent, I do further, with due care, except the appointment of registrant, as set forth in Florida Statutes.

SIGNATURE

12.	13.	ADDITIONAL CHARGE FOR OFFICE AND COPY FEE	14.
NAME: DP Title: DR Address: 767 AMBER DR City: MARCO ISLAND FL	61. NAME: 62. Street Address (000 Area Number or Post Office Box): 63. 64. City: 65. Zip Code:	<input type="checkbox"/> Charge <input type="checkbox"/> Add'l	
NAME: DST Title: DST Address: 767 AMBER DR City: MARCO ISLAND FL	61. NAME: 62. Street Address (000 Area Number or Post Office Box): 63. 64. City: 65. Zip Code:	<input type="checkbox"/> Charge <input type="checkbox"/> Add'l	
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14. I declare, under penalty of perjury, that the information contained with this document is voluntarily furnished and drawn from facts for the exception stated in Section 1197 of the Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and accurate and that any signature shall have the same legal effect as if made under oath. I declare, affix my name, or affix a check mark to the signature of the receiver or trustee incorporated to complete the signature required by Chapter 408 of the Florida Statutes, and that my signature appears on Block 1, or Block 2, or both, of the schedule or certificate filed with this document.

SIGNATURE: X

Jeffrey Barlow

4/29/95 (813) 394-2221

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04/29/95

CP

0326167