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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L01308 (0)

1. Corporation Name
HEARTLAND RESTAURANT CORPORATION

Principal Place of Business

% DANIEL AURITI
~~12381 CLEVELAND AVENUE, SUITE 500~~
FT. MYERS FL 33907

Mailing Address

% DANIEL AURITI
~~12381 CLEVELAND AVENUE, SUITE 500~~
FT. MYERS FL 33907-7759



2. Principal Place of Business

21 4048 EVANS AVE

Suite, Apt. #, etc.

22 SUITE 206

City & State

23

Zip

24 33901

Country

25

2a. Mailing Address

26 4048 EVANS AVE

Suite, Apt. #, etc.

27 SUITE 206

City & State

28

Zip

29 33901

Country

30

3. Date Incorporated or Qualified

07/07/1989

3a. Date of Last Report

04/01/1996

4. FEI Number

65-0126634

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. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

AURITI, DANIEL
~~12381 CLEVELAND AVE~~
~~STE 500~~
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

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

4048 EVANS AVE

83 SUITE 206

84 City

FL

85 Zip Code
33901

11. Pursuant to the provisions of Sections 607.0502 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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
AURITI, DANIEL
STREET ADDRESS ~~12381 CLEVELAND AVE #500~~
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME T
QUINLAN, SCOTT
STREET ADDRESS ~~12381 CLEVELAND AVE #500~~
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME S
QUINLAN, SCOTT
STREET ADDRESS ~~12381 CLEVELAND AVE #500~~
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 4048 EVANS AVE #206
1.4 CITY-ST-ZIP 33901

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4048 EVANS AVE #206
2.4 CITY-ST-ZIP 33901

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 4048 EVANS AVE #206
3.4 CITY-ST-ZIP 33901

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL AURITI

2/20/97

741-275-3359

Date Daytime Phone #

CR2E034 (9/96)