

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

APPROVED
MAY 1 1995

53 MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L29615** (6)

1. Corporation Name
1601 RESTAURANT, INC.

2. Principal Office Address
**1601 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33060**

3. Mailing Address
**1601 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation of Corporation: **11/13/1989**
3a. Date of Last Report: **03/25/1994**

2. Principal Office Address
21. State: **FL**
22. City: **Pompano Beach**

2a. Mailing Address
26. State: **FL**
27. City: **Pompano Beach**

4. FEI Number: **65-0166921**
Applied For: Not Applicable

23. County: **Dade**

28. City & State: **Pompano Beach FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. State: **FL**

29. City: **Pompano Beach**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

25. County: **Dade**

30. City: **Pompano Beach**

8. This corporation has failed to comply with the provisions of Sections 607.001-607.003, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GENTILE, JOHN
1601 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83. City
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0017 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or principal office, 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 the laws of the State of Florida, Florida Statutes.

SIGNATURE: *John Gentile* **John Gentile - President** 5/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PD GENTILE, JOHN 5130 N.W. 51ST AVE. COCONUT CREEK FL 33073
NAME	S GENTILE, COLEEN 5130 N.W. 51ST AVE. COCONUT CREEK FL 33073
NAME	D CORACE, RALPH 5960 S.W. 17TH STREET PLANTATION FL 33317

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
12 NAME	12 STREET ADDRESS	12 CITY	12 STATE	12 ZIP	<input type="checkbox"/>	<input type="checkbox"/>
13 NAME	13 STREET ADDRESS	13 CITY	13 STATE	13 ZIP	<input type="checkbox"/>	<input type="checkbox"/>
14 NAME	14 STREET ADDRESS	14 CITY	14 STATE	14 ZIP	<input type="checkbox"/>	<input type="checkbox"/>
15 NAME	15 STREET ADDRESS	15 CITY	15 STATE	15 ZIP	<input type="checkbox"/>	<input type="checkbox"/>
16 NAME	16 STREET ADDRESS	16 CITY	16 STATE	16 ZIP	<input type="checkbox"/>	<input type="checkbox"/>
17 NAME	17 STREET ADDRESS	17 CITY	17 STATE	17 ZIP	<input type="checkbox"/>	<input type="checkbox"/>
18 NAME	18 STREET ADDRESS	18 CITY	18 STATE	18 ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not a director, officer or shareholder of the corporation. I have read the information and I certify that the information is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes, and that the information is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes, and that the information is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: *John Gentile* **John Gentile** 5/1/95 (305) 942-1733