FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L35833** (7)

1. Corporation Name
RESTAURANTEUR'S, INC.

Principal Place of Business	Mailing Address
1725 COUNTY ROAD 951 SUITE 106 PINE PLAZA GOLDEN GATE FL 33999 US	1725 COUNTY ROAD 951 SUITE 106 PINE PLAZA GOLDEN GATE FL 33999 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/13/1989
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business	2a. Mailing Address
21	26 7181 College Parkway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 38
City & State 23	City & State 28 Fort Myers
Zip 24 / Country 25	Zip 29 33907 / Country 30

4. FEI Number: 65-0163930 ☐ 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	10. Name and Address of New Registered Agent
STEWART, JAMES C. JR ESQUIRE 1805 COUNTY ROAD, 951 SOUTH GOLDEN GATE FL 33999	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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	KNOX, DOUGLAS	12 NAME	DOUGLAS KNOX	address change
STREET ADDRESS	2113 IMPERIAL GOLF COURS	13 STREET ADDRESS	710 SW 52nd St	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Cape Coral FL 33914	
TITLE	S	21 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	VOGELL, LISA	22 NAME	DOUGLAS KNOX	
STREET ADDRESS	708 FISHERMAN'S WHARF	23 STREET ADDRESS	710 SW 52nd St	
CITY-ST-ZIP	FORT MYERS FL 33931	24 CITY-ST-ZIP	Cape Coral FL 33914	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: X _____ Douglas Knox 4/27/95 813-977-9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q3327864 CP