

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 PM 3: 35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L72733

(3)

1. Corporation Name

HAPPY DAYS RESTAURANTS, INC.

Principal Place of Business

**351 SW 12 AVE
POMPANO BEACH FL 33069**

Mailing Address

**351 SW 12 AVE
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/11/1990

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0192968

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

**HAAS, HILLIARD, JR.
990 SOUTHEAST 7TH AVENUE
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME HAAS, HILLIARD, JR.
STREET ADDRESS 900 SE 7 AVE
CITY - ST - ZIP POMPANO BEACH FL**

**TITLE D
NAME HAAS, PATRICIA A.
STREET ADDRESS 900 SE 7 AVE
CITY - ST - ZIP POMPANO BEACH FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. 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)(k), 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:

Will Haas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #