## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

(5)

THE LUNCH PLACE, INC.

**FILED** Apr 03 1998 8:00am Secretary of State

Zip Country Zip Country Zip Country	Principal Place 656 NW 12TH BOCA RATON US  2. Principal Place 21 Suite, Apt. 22 City & State 23	AVENUE I FL 33486 lace of Business #, etc.		656 NW 12TH TERRACE BOCA RATON FL 33486 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/27/1990  4. FEI Number  65-0214760  5. Certificate of Status Desired  6. Election Campaign Financing  Trust Fund Contribution  Applied For  Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be  Added to Fees		
SICCARDI. ARTHUR J.  SICCARDI.	<b>-</b>	r	F-1						
SICCARDI, ARTHUR J. 858 NW 12TH TERRACE BOCA RATON FL 33486  111. Fursuant to the provisions of Socialisis 607 0002 and 807 1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Shale of Florids, Such change was authorized by the corporation's submits this statement for the purpose of changing its registered office or registered agent, or both, in the Shale of Florids, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, and accept the objective of the corporation's board of directors. Thereby accept the appointment as registered office or registered agent and accept the objective of the corporation's board of directors. Thereby accept the appointment as registered agent and accept the accept the corporation's board of directors. Thereby accept the appointment as registered agent and accept the accept the corporation's board of directors. Thereby accept the accept the corporation's board of directors. Thereby accept the accept the corporation's board of directors. Thereby accept the accept the corporation's board of directors. Thereby accept the accept the corporation's board of directors. Thereby accept the corporation's board of directors. Thereby accept the corporation's board of directors. Thereby accept the corporation to accept the corporation and accept the corporation's acc	24			190(	<u>v</u> [		Total Tropolity		
856 NW 12TH TERRACE BOCA RATON FL 33486  87  88  88  88  88  88  88  88  88	en			·	81	Name		- <u></u>	
BOCA RATON FL 33486    89					82	Street Add	dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Soctions 607.0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 and familiar with an accept the obligations of, Section 607.0505, Florida Statutes of the obligations of the obligations of the obligations of the obligation obligation of the obligation obligation of the obligation obligation obligation obligation									
11. Pursuant to the provisions of Societies 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. I am familiar with, end accept the obligations of Societies 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, end accept the obligations of Societies 607.0505, Florida Statutes.	1				B3	_			
11. Pursuent to the provisions of Sections 607 0507 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I are familiar vitit, and accept the obligations of, Soction 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OF LICERS AND DIRICTORS  SIPURATION OF LICERS AND DIRICTORS  SIRE PD  SICCARDI, ARTHUR J.  SIRE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  PD  SICCARDI, ARTHUR J.  SIRE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  SD  DELETÉ  11. SIRE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  SD  DELETÉ  21. TITLE  SD  Change  Addition  NAME  ULLIUCCI, ILLI, S  SIRE ADDRESS  CITY-ST-ZPP  DELAY BEACH FL  TD  DELETÉ  31. SIRE ADDRESS  CITY-ST-ZPP  DELAY BEACH FL  TO  DELETÉ  41. TITLE  D  DELETÉ  42. NAME  SIRE ADDRESS  CITY-ST-ZPP  DELAY BEACH FL  D  DELETÉ  42. NAME  SIRE ADDRESS  CITY-ST-ZPP  DELAY BEACH FL  D  DELETÉ  42. NAME  SIRE ADDRESS  CITY-ST-ZPP  DELAY BEACH FL  D  DELETÉ  42. NAME  SIRE ADDRESS  CITY-ST-ZPP  DELAY BEACH FL  D  D  DELETÉ  42. NAME  SIRE ADDRESS  CITY-ST-ZPP  DELAY BEACH FL  D  D  DELETÉ  42. NAME  SIRE ADDRESS  CITY-ST-ZPP  D  DELAY BEACH FL  D  D  DELETÉ  42. NAME  SIRE ADDRESS  CITY-ST-ZPP  DELAY BEACH FL  D  D  DELETÉ  51. TILL  D  Change  Addition  Addition  NAME  SIRE ADDRESS  CITY-ST-ZPP  TITLE  D  D  DELETÉ  51. TILL  D  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL  TILL  TILL  TILL  D  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL  D  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL  TILL  TILL  D  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I					84	City	FI	B5 Zi	Code
TITLE	agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or provied name of registered expert and filled applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
NAME   SICCARDI, ARTHUR J.   12 NAME   13 STREET ADDRESS   656 NW 12TH TERRACE   13 STREET ADDRESS   14 CITY-ST-ZIP     Change   Addition   Change					ĮĘ.		ADDITIONO CONTINUED TO OFFICE HEAVI		
STREET ADDRESS   SO								•	
TITLE	STREET ADDRESS			1.3 STREET ADDRESS		address			
NAME						T- ZIP		T 7 20	
STREET ADDRESS CITY-ST-ZIP  TITLE TD DELETÉ 3: TITLE TO DELETÉ 3: TITLE TO DELETÉ 3: TITLE TO DELETÉ 3: TITLE TO DELETÉ 3: TITLE DO DELETÉ 4: TITLE DO DELETÉ 4: TITLE DELETÉ 4: TITLE DELETÉ 4: TITLE DELETE 5: TITLE DELETE DELETE 5: TITLE DELETE D	i 1	1 00		1		<b>\</b>		L Change	Addition
CITY-ST-ZIP  DELRAY BEACH FL  TD  DELETE  3.1 TITLE  SHAPIRO, MARK, H  STREET ADDRESS  GITY-ST-ZIP  BOCA RATON FL  DELETE  4.1 TITLE  DELETE  4.2 NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  D  DELETE  4.2 NAME  STREET ADDRESS  GITY-ST-ZIP  DELRAY BEACH FL  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Addition  Change  Addition						1000000			
TITLE TD DELETE 3.1 TITLE Change Addition  NAME SHAPIRO, MARK, H 32 NAME  STREET ADDRESS CITY- ST- ZIP  TITLE D DELETE 4.1 TITLE  STREET ADDRESS CITY- ST- ZIP  TITLE DELETE 4.2 NAME  STREET ADDRESS CITY- ST- ZIP  TITLE DELETE 4.5 TITLE  DELETE 5.5 TITLE  STREET ADDRESS CITY- ST- ZIP  TITLE DELETE 6.1 TITLE  STREET ADDRESS CITY- ST- ZIP  TITLE DELETE 6.1 TITLE  DELETE 6.3 STREET ADDRESS CITY- ST- ZIP  TITLE DELETE 6.1 TITLE  DELETE 6.3 STREET ADDRESS CITY- ST- ZIP  TITLE DELETE 6.1 TITLE  STREET ADDRESS CITY- ST- ZIP  TITLE DELETE 6.3 STREET ADDRESS	1								1
NAME SHAPIRO, MARK, H STREET ADDRESS 3745 NW 23RD COURT STREET ADDRESS CHY-ST-ZPP BOCA RATON FL 34. CHY-ST-ZIP TITLE D SICCARDI, PATRICIA E STREET ADDRESS CHY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS CHY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS GRAPH G	<del></del>			_		01-48		Change	Addition
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL  DELETE A.1 TITLE D SICCARDI, PATRICIA E STREET ADDRESS CITY-ST-ZIP  TITLE DELETE A.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE DELETE A.4 CITY-ST-ZIP  TITLE DELETE DELETE DELETE S.1 TITLE S.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.4 CITY-ST-ZIP TITLE DELETE S.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.5 STREET ADDRESS	i i	1.0			1			•	-
TITLE D DELETE 4.1 TITLE Change Addition  NAME SICCARDI, PATRICIA E  STREET ADDRESS 631 KINGBIRD CIRCLE  CITY-ST-ZIP  DELRAY BEACH FL  DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Change Addition  Addition  Addition  Change Addition  Change Addition  Addition  Change Addition	STREET ADDRESS					ADDRESS			
NAME SICCARDI, PATRICIA E STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL  DELETE DE	CITY-ST-ZIP	BOCA RATON FL		3.4. C	ITY-S	T-ZIP			
STREET ADDRESS OTTY-ST-ZIP DELRAY BEACH FL 1/1TLE DELETE 1.5 1/1TLE STREET ADDRESS CITY-ST-ZIP 1/TTLE DELETE 1.5 1/1TLE		T	☐ DELETÉ					Change	Addition
OFFICATION   Addition   DELETE   S.1 TITLE   Change   Addition	, ,								
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME </th <th>l</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>]</th>	l								]
STREET ADDRESS	<del></del>	DEUNAT DEALM FL	DEIFTE	_		I - ZIP		Change	Addition
5.3 STREET ADDRESS     5.3 STREET ADDRESS     5.4 CITY - ST - ZIP	1								
CITY-ST-2IP	, ,					ADDRESS			j
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS	1 1					1			İ
STREET ADDRESS 63 STREET ADDRESS			DELETE					Change	Addition
	NAME			62 N	ME				
	STREET ADDRESS								
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Cooling 110 02/2V/) Florida Contrara (5 m²)	metification of	n information

usal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in only with an address

954-971-0456