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FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M16648**

(1)

1. Corporation Name

**ROMAC RESTAURANTS, INC.**

Principal Place of Business

**4961 S.W. 74 CT  
MIAMI FL 33155**

Mailing Address

**4961 S.W. 74 CT  
MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/12/1985**

4. FEI Number

**59-2541441**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, ANGEL R.  
13214 S.W. 13 STREET  
MIAMI FL 33184**

61 Name

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

63

64 City

**FL** 65 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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **RODRIGUEZ, ANGEL R.**  
CITY-ST-ZIP **13214 SW 13 ST  
MIAMI FL**

TITLE ☐ DELETE

NAME **DVP**  
STREET ADDRESS **RODRIGUEZ, ALEX C.**  
CITY-ST-ZIP **1459 ROBBIA AVE  
CORAL GABLES FL**

TITLE ☐ DELETE

NAME **DS**  
STREET ADDRESS **RODRIGUEZ, GLADYS V.**  
CITY-ST-ZIP **13214 SW 13 ST  
MIAMI FL**

TITLE ☐ DELETE

NAME **TD**  
STREET ADDRESS **RODRIGUEZ, ROY E.**  
CITY-ST-ZIP **15385 SW 104TH TERR #1  
MIAMI FL**

TITLE ☐ DELETE

NAME **SAV**  
STREET ADDRESS **RODRIGUEZ, VIVIAN L.**  
CITY-ST-ZIP **13214 S.W. 13TH STREET  
MIAMI FL**

TITLE ☐ DELETE

NAME **DAT**  
STREET ADDRESS **RODRIGUEZ, ISA**  
CITY-ST-ZIP **1459 ROBBIN AVE  
CORAL GABLES FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* 2/27/98 (30) 6610024

CP2E034 (10/97)