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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M23053** **(5)**

1. Corporation Name

DIMITRI'S RESTAURANT & PIZZA, INCORPORATED

Principal Place of Business	Mailing Address
14590 S. MILITARY TRAIL DELRAY SQUARE DELRAY BEACH FL 33445	14590 S. MILITARY TRAIL DELRAY SQUARE DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2626774	☐ 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	

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

9. Name and Address of Current Registered Agent

PROGRIS, CHRISTOS
14590 S MILITARY TRAIL
DELRAY SQUIRE
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name: HERBERT OTTEN
82 Street Address (P.O. Box Number is Not Acceptable): 14590 S Military Trail
83
84 City: Delray Beach FL 85 Zip Code 33445

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 X [signature] HERBERT OTTEN 4-30-95
Signature, typed or printed name of registered agent and title if applicable / DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	OTTEN, JESSE
STREET ADDRESS	5246 HARDWOOD LN.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	PROGRIS, CHRISTOS
STREET ADDRESS	5916 DEERFIELD PLACE
CITY-ST-ZIP	LAKE WORTH 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

11 TITLE	D	☒ Change ☐ Addition
12 NAME	OTTEN, HERBERT	
13 STREET ADDRESS	[redacted] 5246 Hardwood Ln	
14 CITY-ST-ZIP	Lake Worth Fl 33467	
21 TITLE	D	☒ Change ☐ Addition
22 NAME	OTTEN, VICTORIA	
23 STREET ADDRESS	5246 HARDWOOD LANE	
24 CITY-ST-ZIP	LAKE WORTH FL 33467	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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(1)(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 [signature] HERBERT OTTEN 4-30-95
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0277234 CP