

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M75860** (0)

1. Corporation Name
FOOD SPOT NO. 59 INCORPORATED



Principal Place of Business: 7901 S.W. 67TH AVE. SUITE 100 SOUTH MIAMI FL 33143
Mailing Address: 7901 S.W. 67TH AVE. SUITE 100 SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified: 04/08/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 65-0048916
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: WILNER, BRUCE 7901 LUDLAM RD MIAMI FL 33143
10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: V	NAME: WILNER, BRUCE S.	DELETED: <input type="checkbox"/>
STREET ADDRESS: 7901 S.W. 67TH AVE, #100		
CITY-ST-ZIP: SOUTH MIAMI FL		
TITLE: PD	NAME: HARRIS, LARRY J.	DELETED: <input type="checkbox"/>
STREET ADDRESS: 7901 S.W. 67TH AVE, #100		
CITY-ST-ZIP: SOUTH MIAMI FL		
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:		
CITY-ST-ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: EXECUTIVE VP	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE: DIRECTOR	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE: VP	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
3.2 NAME: DEUTSCH, ELLIOT	
3.3 STREET ADDRESS: 7901 SW 67 AVE	
3.4 CITY-ST-ZIP: SOUTH MIAMI, FL 33143	
4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME:	400001813294
5.3 STREET ADDRESS:	05/08/96-01045-044
5.4 CITY-ST-ZIP:	***200.00
6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 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: _____ DATE: 4/23/96 DAYTIME PHONE #: 305-666-0412

CR2E034 (12/95)