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

PROFIT CORPORATION ANNUAL REPORT

1997



14. I do hereby certify that the information supplied with this filing does not qualify for t information indicated on this annual report or supplemental annual report is true and a man officer or director of the corporation or the receiver or trustee empowered to

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97867
1. Corporation Name

(9)

LOIS RESTAURANT CORP.

					{				
Principal Place of Business Mailing Address LOIS REST LOIS REST									
LOIS REST 10155 COLLINS AVENUE BAL HARBOUR FL 33154 US		10155 COLLINS AVENUE BAL HARBOUR FL 33154-1655			,				
		US			•	3. Date Incorporated or Qualified 09/06/1988	3a. Da 01/	ate of Last 26/1996	Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0072002			Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State				6 Flanting Comparing Figuresian			
23		28				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for	ntangible		
24	25	29	30					D No	
	g. Name and Address of Curre	nt Registered Agent				10, Name and Address of New Re	gistered	Agent	
	SENBERG, MORRIS		[6	31	Name				
	HARBOUR 101 CONDOMINIUN	A	8	32	Street Addr	ress (P.O. Box Number is Not Acceptate	ile)		
	55 COLLINS AVE. . HARBOUR FL 33154		-	33				··	
, DAL	. NANDOUN FL 33104			~					
			•	34	City		FL	85 Z	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the abo	ove	-named corp	poration submits this statement for the p	uroose o	f changing	its registered
office or r agent. Fa	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, I	s authorized Florida Statu	by tes	the corporat	tion's board of directors. I hereby accept	ot the app	cointment	as registered
SIGNATURE		,							
SIGNATIONE	Signature: typed or printed name of registerest ag			Ager	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AN	ND DIRFICTORS	13.	_		ADDITIONS/CHANGES TO OFFIC	CERS AN		
TITLE	MAITLAND, LOIS	DELETE	1.1 TITL		ľ			L Chang	e L Addition
NAME	ONE S.E. THIRD AVE.		1.2 NAM						
STREET ADDRESS	MIAMI FL				ADDRESS				
CITY-ST-ZIP	DST	☐ DELETE	-1.4 CITY -2.1 VITU		1- ZIP			Chano	e Addition
NAME	MAITLAND, THOMAS		2.2 NAA						
STREET ADDRESS	ONE S.E. THIRD AVE.				ADDRESS				
CITY - ST - ZIP	MIAMI FL		2.4						
TITLE		☐ DELETE	3.1 71				,	Chang	e Addition
NAME			3.2 j	Æ	1		1		
STREET ADDRESS			3.3 R	EET	ADORESS				
CITY-ST-7/P				_	ST - ZiP				——————
TITLE		☐ DELETE		E	1			Chang	e Addition
NAME				MÉ					
STREET ASIDRESS				EET	ADORESS				
CHTY-ST-7IP		Britte			17-21P			Chang	e Addition
TITLE		☐ DELETE	5.	£				L.J Chall	o LI ADUIIDII
NAME Otocet around or			5	t.	ADDRESS 1				
STREET ADORESS		•			ADDRESS				
CITY-ST-ZIF TITUE	PERSONAL CONTROL OF THE PROPERTY OF THE PERSON BELL PROPERTY OF THE PERSON OF THE PERSON BELL AS A CONTROL OF THE PERSON BELL	DELETE	- []	- S E	ST - ZIP			Chang	e Addition
NAME				IE.					
STREET ADDRESS			6		ADDRESS				
	1								

2.864.2293

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the accurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Jan 17 1997 8:00am

Secretary of State