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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name P93000004737 (1)

LOCAL	DAII DOAD	COMPANY	EDANCHISING	CORPORATION
LUJAL	RAILBUAU	CUMPANT	TRANCHISING	CURTURATION

200/2														
Principal Place of Business		Mailing Addre	Mailing Address				118	BAIDEL ING ED		i Bolil Doill		ARE CIDII III		
1200 CLINT MOORE RD STE #3 BOCA RATON FL 33487		STE #3	1200 CLINT MOORE RD STE #3 BOCA RATON FL 33487											
US		US						1001) perate 08/1993	ed or Quali }	med J		of Last 5/01/19		
2. Principal Pla	nce of Business	2a. Mailing As	Idress				4. FEI Nu						Applied	l For
21		26					65	-04133	26			$\perp \Gamma$		pl cable
Suite, Apt. i	ŧ, elc.	Suite, Apt	. #, etc				5. Certific	cate of Sta	atus Desire	sq [3		5 Addit Requir	
City & State	The second secon	City & Sta	te			·····	6. Electic	n Campai	ign Financi	ng _		\$5.	00 мау	/ Be
23		28 Zip						und Conl		L			ed to Fe	
<i>Ζ</i> ιρ 24	Country		30 Co	Country				orporation i Statutes	has liabilit		gible ta No	ax under:	s 199.0	32,
24	25 9. Name and Address of Currer	29 nt Registered Age		Τ		i	10. Name		•	• •	*	Agent		•
				81	Name					<u></u>				
DANZIG,	HOWARD S			82	Street	Address	(P.O Box	Number	is Not Acc	eptable)_	,			
4300 SC	outh U.S. Hwy. One				_/2	00	Clin	VT 1	70015		00	2		
SUITE 2				83		4	, 11 / ré	?						
JUPITER	FL 33477			84	City	Q.)	0 -	0 /		FL	85	Zip Code	200
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Fic	rida Statutes, the ab	⊥…i ove n	amed o	omoralio	on submits	this state	ment for th	ne purpos	se of cha	anging its	register	red office
or register familiar wit	ed agent or both, in the State of Flo- h, and accept the obligations of, Sect	da Such change w tion 607.0505. Flore	as authorized by the da Statutes.	corpa	pration's	board (of directors	. I hereby	accept the	e appointr	ment as	registere	ed ägent	. I am
SIGNATURE .	mond 5.	Joney	-							- 1	20/9			
12.	Signature, typied or proved material registerial and OCCUPE DECAM	ID D RECTAS	(Nulle Biaj See	i: Agen	t sagnar iran	Ses a . Feet) W.		IONS/OH/	ANGES TO	OFFICE	DA L	TOBECT	OSS IN	12
TIFLE	OFFICERS AN			IIILE		17	AGOIT		- INGLO IC			Change		Addition
NAME	HOMNER, GUSTAV C	£1		vamë		•							4-4	
STREET ADDRESS	4904 N.W. 52ND COURT				ADDRESS									
CITY-ST-ZIP	TAMARAC FL 33319		141	Dily-S	T - ZIP								_	
TITLE	CD		DELETE 2.1	T-TLE		5					[Change	X	Addition
NAME	Danzig, Howard S		221	IAME										
STREET ADDRESS	4300 S US HWY 1 203-221		235	STREET	ADDRESS									
CITY - ST - ZIP	JUPITER FL			0114-5	T - 71P					<u>.</u>				
TITLE	D DAVED I	}-		HTLE							l	☐ Change	; L.	Addition
NAME	AMASON, DAVID L			NAME										
STREET ADDRESS	328 E LAKEWOOD RD				ADDRESS									
CITY-ST-ZIP TITLE	PALM BCH FL			DITY - S Title	' - ZIF'	 					<u>-</u>	Change	· 🗀	Addition
NAME		<u>.</u>	-	NAME								Change	ا لـــا	
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NAME		_	621	NAME										
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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 AND TYPED OR PRINTED NAME OF SCHALE OFFICER OR DIRECTOR SIGNATURE:

1/2/96 Chapter Provider