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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000053772 (8) **DOCUMENT #** 1. Corporation Name

BEACON RESTAURANT, INC.

Principal Place of Business **%** G. T. MCDONALD ENTERPRISES 7951 S.W. 6TH ST., SUITE 112 PLANTATION FL 33324

Mailing Address

% G. T. MCDONALD ENTERPRISES 7951 S.W. 6TH ST., SUITE 112 PLANTATION FL 33324

APPROVED AND

96 M. MON CM 10: 53

3. Date Incorporated or Qualified 3a. Date of Last Report

07/27/1993

F STATE , FLORIDA

04/17/1995



Principal Place	e of Business	2a. Mailing Address			4. FEI Number 65-0439743			plied For		
Suite, Apt. #, #	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
2		27								
City & State				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	L	\$5.00 Added	to Fees			
Zip	Country	<b>28</b>	Cour	ntry		8. This corporation has liability		tax under s. 1	99.032,	
<u>م</u>	25 29 30			Florida Statutes Yes No						
<u> </u>	9. Name and Address of Current	Registered Agent				10. Name and Address of Ne	w Registere	d Agent		
			ļ		Name CC	ORPORATION SERV	ICE CO	DMPANY		
					Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET					
FORT LAUDERDALE FL 33309				83 83 83 83 83 84 84 85 85 85 85 85 85 85 85 85 85 85 85 85						
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12.	OFFICERS AND	DEFT	E 13.	11.5		ADDITIONS/CHANGES TO	OI TIOCH IS 74	Change	Addition	
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14. I do hereb	 y certify that the information saluplied	with this fling is volunta	arily furnished and	d does	s not qualify f	for the exemption stated in Sectionate and that my signature shall be	n 119.07(3)(k) ve the same f	Florida Statu ega) effect as i	ies. I further fimade under	
certify that	y certify that the information supplied the information indicated on this ann Lam an officer or director of the corp i Block 12 or Block 13 if changed, or	da report or supplierner or the receiver o	rtar armoarrepor ir trustee empow	cred t	o execute th	rs report as required by Chapter 6	07. Florida St	atutes; and th	at my name	

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96 (954)475-8332