

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 21 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066150 (2)

1. Corporation Name

RESTAURANT OUT OF DENMARK, INC.

Principal Place of Business

1715 S. FEDERAL HWY.
SUITE B1-S, HARBOR PLAZA
DELRAY BEACH FL 33483

Mailing Address

1715 S. FEDERAL HWY.
SUITE B1-S, HARBOR PLAZA
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1993

3a. Date of Last Report

03/02/1994

4. FEI Number

65043582 65-0435582

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MOLLER, JORGEN JR.
1715 S. FEDERAL HWY.
SUITE B1-S, HARBOR PLAZA
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature typed or printed name of registered agent and third applicant

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MOLLER, JORGEN JR.

STREET ADDRESS

2699 N.E. 15TH STREET

CITY - ST - ZIP

POMPANO BEACH FL 33062

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

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 110.07(5)(b), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an affidavit.

SIGNATURE:

Signature typed or printed name of signing officer or director

1-25-95

401-170-4450