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**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000066150 (2) **DOCUMENT #** 

RESTAURANT OUT OF DENMARK, INC. Principal Place of Business Mailing Address 1715 S. FEDERAL HWY. 1715 S. FEDERAL HWY. SUITE BI-S. HARBOR PLAZA SUITE 81-S. HARBOR PLAZA **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 3. Date Incorporated or Qualified 3a. Date of Last Report 02/03/1995 09/17/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0435582 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State Oity & State Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s 199.032. Country Country  $Z_{1D}$ ☐ Yes ☐ No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOLLER, JORGEN JR. Street Address (P.O. Box Number is Not Acceptable) 82 1715 S. FEDERAL HWY. 83 SUITE B1-S, HARBOR PLAZA **DELRAY BEACH FL 33483** 85 Zip Code 84 City 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 DATE Sign with 15 per 1 or person mains of regressive alayest and the it applicables (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition Change DELETE 1 1 TITLE THE MOLLER, JORGEN JR. 1.2 NAME NAME 2699 N.E. 15TH STREET 1.3 STREET ADDRESS STRUET ACCRESS POMPANO BEACH FL 33062 1 4 CITY - ST - ZIP CITY - ST - ZIP ☐ Change ☐ Addition DELETE 2 1 TITLE THEF 22 NAMÉ BARAS 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST - ZIP Addition ☐ Change [ ] DELETE 3 1 TITLE 100.6 3.2 NAME NAME 3.3 STREET ADDRESS SIRRED ADDRESS 3.4 CiTY - ST - ZIP City-St Zif ☐ Change Addition DELETE 4 1 TITLE THATE 4.2 NAME NAME. 4.3 STREET ADDRESS SUPERT ADDRESS 4.4 CRY-ST-ZIP 0.00 - \$1 - 201 ☐ Change Addition T' ] DELFTE 5 1 THE TOTAL NAME 5.3 STREET ADDRESS STELL ADDRESS 5.4 CITY - ST - ZIP DITY: \$1-2# ☐ Change Addition DELETE 6 1 1016 TPUE 6.2 NAME NAME 6.3 STREET ADDRESS 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 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 cath; that I am an officer or director if the corporation or the requirement of the requir

SIGNATURE:

ALC BILLY DIRECTOR

Daytime Prione #

(12/95)CR2E034