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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300066150

RESTAURANT OUT OF DENMARK, INC.

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90025 033 ***150.00



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Principal Pla	ace of Business	Mailing Address		,	I (BRICARI) (EN INSER CEULS BRICE)	DOSTA BOTTA BOLLA DISTA DEL	DI KIRAK BKIIK BAK IJAI
1715 S. FEDE	eral hwy.	1715 S. FEDERAL	HWY	,			
SUITE B1-S. HARBOR PLAZA DELRAY BEACH FL 33483 SUITE B1-S. HARBOR PLAZA DELRAY BEACH FL 33483							
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and a spin	المناسخين المناسخين	The state of the s		بالمحاجية فيستعال مث	3. Date Incorporated or Qualife		
	<u> </u>				09/17/1993		
2. Principal	Place of Business	2a. Mailing Addres	SS .		4. FEI Number		Applied For
21		26			65-0435582	ļ	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, e	etc.		00 040002		Not Applicable
22	·	27			5. Certifcate of Status Desired		75 Additional ee Required
City & Sta	ate	City & State		-	C Flories Consider Fig. 1		
23		28			6. Election Campaign Financing Trust Fund Contribution	, II AA	.00 May Be
Zip			Cou	ntrv	Added to 1 ees		
24	25	29	29 30		8. This corporation owes the current year Intangible Personal Property Tax. \[\sum Yes \text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texit{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exi\		
	9. Name and Address of C		<u> </u>	*	10. Name and Address of New	L] Yes	i □No
	1713.00	M. M. M. M. C.		81 Name	TO, Name and Address of New	Registered Agent	
,,, MO	ller, jorgen jr.				·		
171	5 S. FEDERAL HWY.	RA, RAC		82 Street Address (P.O. Box Number is Not Accept		table)	
SUI	TE B1-S, HARBOR PLAZA			83	1.7 · · · · · · · · · · · · · · · · · · ·	<u> </u>	**************************************
DEL	RAY BEACH FL 33483		ļ	83			
	9			84 City	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	— . 85	Zip Code
Add District	A STATE OF THE STA	ways to merpey of the	45.4				,
office or	registered agent, or both, in the S	7.0502 and 607.1508, Florida	Statutes, the ab	ove-named corp	poration submits this statement for the on's board of directors. I hereby acce	purpose of changin	g its registered
UELPagent/III	am familiar with, and accept the o	bligations of Section 607.05	05, Florida Statu	tes.	on's board of directors, I hereby acce	pt the appointment a	as registered
SIGNATURE							Í
-10	Signature, typed or printed name of registere		(NOTE: Registered /	Agent signature require	d when reinstating)	DATE	
TITLE	D	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
	-		ETE 1.1 TTR	E	45 W.M. 4582	☐ Cha	nge Addition
NAME	MOLLER, JORGEN JR.		1.2 NAM	/E			
STREET ADDRESS	TOOL TOEL TOTAL OFFICE,		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 330	62	1.4 C/T	/-ST-ZIP			
TITLE		□ oc. c					
NAME .		_ DELE	ETE 2.1 TITL	E		Cha	nge Addition
STREET ADDRESS		□ DELE	2.1 TITL 2.2 NAM	ľ		☐ Chai	nge
CITY+ST-ZIP		□ DELE	2.2 NAM	ľ		☐ Chai	nge
GIT-31-ZIP	district the second	DELE	2.2 NAM 2.3 STR	EET ADDRESS		☐ Chai	nge
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mle ATT		<u> </u>	2.2 NAM 2.3 STR 2.4 CIT TE 3.1 TITL 3.2 NAM	EET ADDRESS Y-ST-ZIP E			
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.