PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90054 047 ***150.00

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 Corporation 	RESTAURANTS, CO.	~	- ·			
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Principal Place	e of Business	Mailing Address	<u> </u>		100 1000W SEBEL VOEDU 1	HIDI 1 77 1 1 88 1
•		3959 VAN DYKE ROAD				
14401 NORTH DALE MABRY 3959 VAN DYKE ROAD TAMPA FL 33618 #392				-		
		LUTZ FL 33549		DO NOT WRITE IN THIS SPACE		
		US		3. Date Incorporated or Qualifed 10/18/1993		
0-1-1-15	I of Business	2a. Mailing Address		10/10/1993 4 FEI Number	Ann	lied For
-	lace of Business	H		59-3207372	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		_	\$8.75 A	
22		27		5. Certifcate of Status Desired	Fee Rec	
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent	04 1	10. Name and Address of New Register	ed Agent	
1404	UBSUM DICHADO A		81 Name	IANUEL A. DUrai	1d	
Jacobson, Richard A 501 East Kennedy Blvd., Suite 1700		: 1700	82 Street Add	ress (P.O./Box Number is Not Acceptable)	1 11	
	PA FL 33602	. 1100	370	to yellow much	<u>~~.</u>	
IANI	1 A 1 E 30002		83			
			84 City	1. TO E	85 ZigC	
		500 CO7 4508 Florida Contra	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	472 F	L 33.	segistered .
11. Pursuant office or n	to the provisions of Sections 607.0 egistered agent or both, in the Sta	502 and 607.1508, Florida Statut to 6 Florida. Such change was a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and in the this statement for the purpose	L 33.	segistered .
11. Pursuant office or n agent. I a	to the provisions of Sections 607.0 egistered agent of both, in the Sta m familiar with and accept the obt	502 and 607.1508, Florida Statuti to 0, Florida. Such change was a gattons of, Section 607.0505, Flor	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its repointment as reg	segistered .
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR