## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Mar 14 1997 8:00am

Secretary of State

DOCUMENT # P93000076857 (0)

BOBBY RUBINO'S OF BOCA RATON, INC.

Principal Place of Business  AGE E. SUNRISE BLVD  ASSI DOS  FT. LAUDERDALE FL 33304		Mailing Address  See E. SUNRISE BLVD  #614 203  FT. LAUDERDALE FL 33304-3108			
		·		3. Date Incorporated or Qualified 11/05/1993	3a. Date of Last Report 02/07/1996
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0145928	Applied For Not Applicable
Suite, Apt.	·	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	7(p)	Country 30		Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
	L <b>GANO, FRANK J</b> H <del>NE-20TH AVE</del> , QH85 & Sou	merse Blvá #260		ress (P.O. Box Number is Not Acceptable	
<del>FT.</del>	LAUDERDALE FL 33304			ress (r.o. box number is not acceptable	<i></i>
7-4	FV 668 17 dua 47		63		
			84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	am familiar with, and accept the obli- Signature typed or printed name of regularized a	gations of, Section 607.0505,	s authorized by the corpora Florida Statutes.  OIL flugotered Agent's grature requi	poration submits this statement for the pution's board of directors. I hereby accept and white reinstating.  ADDITIONS/CHANGES TO OFFICE	DAIL
TITLE	D	DELETE	1.1 Tifle	7,5511101107011711020110-011102	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	GALGANO, FRANK J 2455 E SUNRISE BLVD - SFE FT. LAUDERDALE FL =>=>	2 <b>0</b> 4	1.2 NAME 1.3 STREET ADDRESS 1.4 City S1-ZiP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADORESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 C(1Y-S1-ZIP		Change Addition
NAME		□ butte	3 1 101E 3.2 NAME		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4. CITY-S1-7IP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		,
CITY-ST-ZIP			4.4 CHY-\$1-7IP		
TITLE		☐ DELETE	5.1 101.6		Change Addition
NAME PERFET ADDRESS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY+ST+ZIP 6.1 TITLE		Change Addition
		<del></del>	I		

14. I do 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 offect 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 prainty displacement with an address.