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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

CITY-ST-ZIP

SIGNATURE:

P93000076857 (0)

BOBBY RUBINO'S OF BOCA RATON, INC.

Mailing Address Principal Place of Business 2455 E. SUNRISE BLVD 2455 E. SUNRISE BLVD DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3. Date Incorporated or Qualified 11/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0145928 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GALGANO, FRANK J 2485 E SUNRISE BLVD Street Address (P.O. Box Number is Not Acceptable) 82 202 83 FT. LAUDERDALE FL 33304 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, typed or profiled name of registered agent and life if applicable (NOTE: Registered Agent aignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change 1.1 TITLE TITLE GALGANO, FRANK J 1.2 NAME NAME 2485 E SUNRISE BLVD, STE 202 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-SI-ZIP 1.4 City-St-ZiP \_\_\_ Addition Change DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7IP Addition DELETE ☐ Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 61 TOLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby 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 innual 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 record 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 attendment with an address.