FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

-	1996	37 	D-VISION OF	CORPOR		2MS				
DOCUN 1. Corporation	MENT # P9300 0	800	0642 (0)						
110 TO	OWER RESTAURANTS, INC.									
Principal Place	of Business	Mai	ling Address	•			" "	1 00/// 2 0/04		AL CITIE II II HOL
110 SE 6TH ST 110 TOWER 28TH FLOOR FT LAUDERDALE FL 33301		11	110 SE 6TH ST 110 TOWER 28TH FLOOR FT LAUDERDALE FL 33301							
ri Diouchui	ALE PL 33301	r	T CHODENDALE TE S	3301			3. Date Incorporated or Qualified 11/23/1993	Į.	ite of Last 03/14/1 9	
2. Principal Place of Business 2			, Mailing Address			<u>-</u>	4. FEI Number		03/14/18	Applied For
21		26					65-054 1946		<u> </u>	Not Applicable
Suite, Apt. #	#, etc		Suite, Apl. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		27	City & State				6. Election Campaign Financing			00 May Be
23		28		r			Trust Fund Contribution		Add	led to Fees
Ζιρ 24	Country 25	29	Zψ	30]	intry		8. This corporation has liability for Florida Statutes	intangible No	tax under	s 199.032,
	g. Name and Address of Curren	Regist	ered Agent		ļ.,		10. Name and Address of New I	Registere	d Agent	
					81	Name				
JOHNSON, GARRY W 110 SE 6TH ST			82 Street Ac			Street Add	dress (P.O. Box Number is Not Acceptal	ole)	•	
	61H SI NER 28TH FLOOR				83					
	DERDALE FL 33301				84	City			loe!	Zip Code
11,000					64	City		F	L 85	up Code
or registers	ed agent, or both, in the State of Florid	ia Such	change was authoriz-	ed by the d	ove- r corpa	ianied corpo pration's bo:	pration submits this statement for the pu ard of directors. Thereby accept the app	rpose of c pointment a	hanging its as registere	registered office ad agent. Lam
	h, and accept the obligations of, Section	on 607.0	505, Florida Statutes	i.						
SIGNATURE _	Signature, typed on pertect name, or our process agents	er a filit ta, i filalp	ya no (Ás)	H Bydes	Apr	tsyluthorapi	५२३ त्योब्याः देश वर्षवर्षात् ।	1.4.€		
12.	OFFICERS AND	DIRECT	and the second second second	13.			ADDITIONS/CHANGES TO OF	ICERS AN		
TITLE NAME	P CATHEDINE		☐ DELETE	1 1 T 12 N					☐ Change	Addition
STREET ADDRESS	SEIERSEN, CATHERINE 110 SE 6TH ST 28TH FLOOR	,				ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33301	•			IIV S	1				
THTLE	ST		☐ DELETE	2 1 T					☐ Change	e 🔲 Addition
NAME	JOHNSON, GARRY			2 2 N	AME					
STREET ADDRESS	110 SE 6TH ST 28TH FLOOP	Ì		235	TREET	ADDRESS				
CITY - ST - ZIP	FT LAUDERDALE FL 33301		, <u></u>		ITY - S	I - ZIP				
TIFLE	D		DEFELE	3 1 1					☐ Chang	e
NAME	ARTHUR, ROSALIE V			3 2 N		AD5-04 00				
STREET ADDRESS	110 SE 6TH ST 28TH FLOOF	•				ADDRESS				
CHY-ST-ZIP TITLE	FT LAUDERDALE FL 33301		DELETE	4.13	HY-S HDF	1.70	3000018	$ \Box 42 $	Chanb	e 🔲 Addilijon
NAME			_	426			-05/02/9601	013-	003	_
STREET ADDRESS				1		ADDRESS	***2000.00	•		٧/
CITY+ST-ZIP					IfY-S					'
TIFLE			DELETE	5 1 1	TLE				Change	e 🔲 Add-tib
NAME				5 2 N	AME					7
STREET ADDRESS						ADDRESS				·
CITY - ST - ZIP			F) Dr. Fre			T - ZiP			F7 Chara	a FT Addition
TITLE			☐ DELETE	6 1 1		1			☐ Chang	e [] Addition
NAME STREET ANNRESS				62 N		ADDRESS				
STREET ADDRESS -						T. ZI-				
	y certify that the information supplied v	with this t	fring is voluntarily furr				for the exemption stated in Section 119	9.07(3)(k), 1	lorida Sta	lutes. I further

14. I do hereby certify that the information supplied with this fring 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 oath; that flam 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 attact ment with an address.

SIGNATURE;X

STGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Daylinse Emone M