

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000086353 (8)**

1. Corporation Name

**THE GREAT AMERICAN DINNER CURE, INC.**



Principal Place of Business  
**7570 COURT YARD RUN EAST  
BOCA RATON FL 33433**

Mailing Address  
**PO BOX 810367  
BOCA RATON FL 33481**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/03/1994</b>   | 3a. Date of Last Record<br><b>09/22/1995</b>           |
| 4. FEI Number<br><b>65-0456028</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHTRD  
343 ALMERIA AVE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 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

Signature, typed or printed name of registered agent and the change agent

DATE Registered Agent Signature Requested (If Name Change)

DATE

12. OFFICERS AND DIRECTORS

|       |                            |                              |                            |                                 |
|-------|----------------------------|------------------------------|----------------------------|---------------------------------|
| TITLE | NAME                       | STREET ADDRESS               | CITY-ST-ZIP                | <input type="checkbox"/> DELETE |
|       | <b>P LASHER, MICHAEL G</b> | <b>6530 LAS FLORES DRIVE</b> | <b>BOCA RATON FL 33134</b> |                                 |
| TITLE | NAME                       | STREET ADDRESS               | CITY-ST-ZIP                | <input type="checkbox"/> DELETE |
| TITLE | NAME                       | STREET ADDRESS               | CITY-ST-ZIP                | <input type="checkbox"/> DELETE |
| TITLE | NAME                       | STREET ADDRESS               | CITY-ST-ZIP                | <input type="checkbox"/> DELETE |
| TITLE | NAME                       | STREET ADDRESS               | CITY-ST-ZIP                | <input type="checkbox"/> DELETE |
| TITLE | NAME                       | STREET ADDRESS               | CITY-ST-ZIP                | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing 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 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-13-96 4073948099**

CR2E034 (12/95)