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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000003357 (8)

1. Corporation Name

CARSON'S RIBS OF BOCA RATON, INC.



Principal Place of Business

5798 N. FEDERAL HWY.
BOCA RATON FL 33487
US

Mailing Address

8617 NILES CENTER RD.
SKOKIE IL 60077-2320
US

3. Date Incorporated or Qualified

01/13/1994

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

36-3953933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LARSEN, WENDY U
433 PLAZA ROAD
SUITE 339
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

CARSON, DEAN

82 Street Address (P.O. Box Number is Not Acceptable)

6521 NW 39th TERRACE

83

84 City

BOCA RATON

FL

85 Zip Code

33496

11. Pursuant to the provisions of Sections 607.050 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 the provisions of Chapter 607, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

3-28-97

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P

NAME

CARSON, DEAN

STREET ADDRESS

8617 NILES CENTER ROAD

CITY, ST, ZIP

SKOKIE IL 60077

TITLE

V

NAME

CARSON, CHRIS

STREET ADDRESS

8617 NILES CENTER ROAD

CITY, ST, ZIP

SKOKIE IL 60077

TITLE

ST

NAME

GIANNIS, DONNA

STREET ADDRESS

8617 NILES CENTER ROAD

CITY, ST, ZIP

SKOKIE IL 60077

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

P

1.2 NAME

CARSON, DEAN

1.3 STREET ADDRESS

6521 NW 39th TERRACE

1.4 CITY, ST, ZIP

BOCA RATON, FL 33496

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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 included 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duration of Term

0481572

CR2E034 (9/96)