FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:55

DOCUMENT # P94000042057 (7)

1. Corporation Name
LAS OLAS MEATING PLACE, INC.

Principal Place of Business
321 S.E. 15TH AVENUE
FT LAUDERDALE FL 33301

Mailing Address
321 S.E. 15TH AVENUE
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1008 E. Las Olas Blvd
Suite, Apt. #, etc.
22
City & State
23 Fort Lauderdale, FL
Zip 24 33301 Country 25 USA

2a. Mailing Address
26 1008 E. Las Olas Blvd
Suite, Apt. #, etc.
27
City & State
28 Fort Lauderdale, FL
Zip 29 33301 Country 30 USA

4. FEI Number: 65-0514262 ☐ 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
BONEVAC, JUDY B
321 S.E. 15TH AVE.
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name: D. Paul Bonevac
82 Street Address (P.O. Box Number is Not Acceptable): 1008 E. Las Olas Blvd
83
84 City: Fort Lauderdale FL 85 Zip Code: 3330[illegible]

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 X D. Paul [signature] 1/31/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BONEVAC, D P
STREET ADDRESS	321 S.E. 15TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	D
NAME	BONEVAC, JUDY B
STREET ADDRESS	321 S.E. 15TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P/D	☑ Change ☐ Addition
1 2 NAME	D. Paul Bonevac	
1 3 STREET ADDRESS	1008 E. Las Olas Blvd.	
1 4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
2 1 TITLE	D/S/T/VP	☑ 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 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 attachment with an address.

SIGNATURE: Judy B. Bonevac Judy B. Bonevac V.P. 1/31/95 305-467-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0210002 CP