**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 # **P94000052369 (3)**

1. Corporation Name

**FORT LAUDERDALE RESTAURANT MANAGEMENT CORP.**

Principal Place of Business

~~850 S R 7~~
~~MARGATE FL 33068~~
~~US~~

Mailing Address

~~850 S SR 7~~
~~MARGATE FL 33068~~
~~US~~

3. Date Incorporated or Qualified: 07/14/1994

3a. Date of Last Report: 05/31/1995

2. Principal Place of Business

21 C/O AFFORDABLE FINANCE
22 Suite, Apt. #, etc. 705 S. STATE ROAD 7
23 City & State: MARGATE, FL
24 Zip: 33068 25 Country: USA

2a. Mailing Address

26 C/O AFFORDABLE FINANCE
27 Suite, Apt. #, etc. 705 S. STATE ROAD 7
28 City & State: MARGATE, FL
29 Zip: 33068 30 Country: USA

4. FEI Number: 65-0504905 ☐ 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

**LANE, PAUL J**
**% 5310 NW 33RD AVE SUITE 100**
**FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name: LAZARO SPIRO
82 Street Address (P.O. Box Number is Not Acceptable): 2871 NE 18TH ST
83
84 City: POMPANO BEACH FL 85 Zip Code: 33062

11. Pursuant to the provisions of Section(s) 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] 7/11/96
(Typed or printed name of person signing) (Title if applicable) (Registered Agent signature required for reinstatement) (Date)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☐ DELETE | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | LAAROU, WENDY | | 1.2 NAME | LAZARO, WENDY | |
| STREET ADDRESS | 1665 SOUTH STATE RD. 7 | | 1.3 STREET ADDRESS | 2871 NE 18 TH ST | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | | 1.4 CITY-ST-ZIP | POMPANO BEACH, FL, 33062 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | LAZAROU, SPIRO | | 2.2 NAME | LAZARO SPIRO | |
| STREET ADDRESS | 1665 S. STATE RD. 7 | | 2.3 STREET ADDRESS | 2871 NE 18TH ST | |
| CITY-ST-ZIP | NORTH LAUDALE FL 33068 | | 2.4 CITY-ST-ZIP | POMPANO BEACH, FL, 33062 | |
| TITLE | V | ☒ DELETE | 3.1 TITLE | ST | ☐ Change ☒ Addition |
| NAME | MARTINEZ, HENRY | DELETE | 3.2 NAME | AMANNA PANAGIOTA | |
| STREET ADDRESS | 1665 SOUTH STATE RD. 7 | | 3.3 STREET ADDRESS | 6730 KIMBERLY BLVD | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | | 3.4 CITY-ST-ZIP | N. LAUDERDALE, FL, 33068 | |
| TITLE | ST | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JONES, DAVID J | DELETE | 4.2 NAME | | |
| STREET ADDRESS | 1665 SOUTH STATE RD. 7 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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)(i), 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:** [signature] 7/11/96 (954) 974-3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
EXT. 12