## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P9400053352 (8)

Mailing Address

D & T RESTAURANT CORPORATION

44 COCONUT ROW 44 COCONUT ROW PALM BEACH FL 33480-4005 PALM BEACH FL 33480 3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1994 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0514969 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 **Trust Fund Contribution** П 28 Added to Fees  $Z_{P}$ Country Zip Country 6. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name KIRIN, TINA 44 COCONUT ROW 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 В3 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signative, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) THILE □ DELETE 1.1 TITLE Change Addition ZAGAR, DARIO NAME: 1.2 NAME CR2E034 44 COCONUT ROW STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TILLE Change Addition 2.1 TITLE KIRIN, TINA NAM: 2.2 NAME 44 COCONUT ROW STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH FL 33480 CITY - \$1 - 74P 2.4 CITY-ST-ZIP DELETE THUE Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE Change 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 101 F 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - 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-78 64 CITY-ST-ZIP 14. Ido 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 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 of Block 73 if changed, or on an attachment with an address.

SIGNATURE:

561-659-3241

**FILED** 

Apr 11 1997 8:00am

Secretary of State