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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000059263**

1. Corporation Name

PREMIER RESTAURANT, INC.

Principal Place of Business

Mailing Address

6276-INDIAN-MEADOW

6276 INDIAN MEADOW

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90245 020 ***150.00



UNLANDO FL.	12043	OREMIDO PE 32019		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 08/09/1994	
¬ 160	lace of Business	2a. Mailing Address		4. FEI Number 59-3270335	Applied For Not Applicable
21 - 31-	1 W. TELO FEDITON	Suite, Apt. #, etc.		39-3270333	\$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 6-15	simmes tis	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	Y 7
24 54	25	29 30	<u>'</u>	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	i Agent
POR	TLOCK, DAVID R		Name		
	SAND-LAKE ROAD, #3-		82 Street Addre	ess (P.O. Box Number is Net Acceptable)	<u>بالله</u>
	ANDO EL 32819		83	d sand lake rea	
¥`			84 City 02	Fl Fl	L 85 Zin Code 3328 19
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above named corne	oration submits this statement for the purpose of	of changing its registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was auth	orized by the corporatio	on's board of directors. I hereby accept the appropriate the appropriate the propriate that the propriate th	iniment as registered
	and accept the opposite	DAVE DAVE		ANG. 3->	.99
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KHANANI, M SALEEM		1.2 NAME		
STREET ADDRESS	6276 INDIAN MEADOW		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		DAIR.
TITLE	VPSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KHANANI, M OWAIS		2.2 NAME		
STREET ADDRESS	6276 INDIAN MEADOW		2.3 STREET ADDRESS		
CITY+ST-ZIP ·	ORLANDO-FL		2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KHANANI, KHURSHID		3.2 NAME		
STREET ADDRESS	6276 INDIAN MEADOW		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DVP	☐ DELETE	4.1 TITLE		
NAME	KHANANI, HANI		4. 2 NAME		
STREET ADDRESS	6276 INDIAN MEADOW		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		LJ VELETE	5.1 IIILE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE		Change Addition
TITLE			6.2 NAME		
NAME	[6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	1		0.4 GHT-Q1-ZJF		

I 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 suppliemental 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 trastee 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, with all other like empowered.

SIGNATURE:

EREQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR