

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000064248 (5)

1. Corporation Name

PANINI RESTAURANTS, INC.

Principal Place of Business

**303 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

Managing Director

**303 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**



3. Date Incorporated or Qualified

08/31/1994

3a. Date of Last Report

03/06/1995

4. FID Number

65-0539358

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. 190.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**KOSOY, A DAVID
303 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

2a. Managing Director

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

81. Name

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

83

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of person submitting this report

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BATTLE, DAVID	
STREET ADDRESS	60 SPRUCE ST	
CITY-STATE-ZIP	TORONTO ONTARIO CANADA	
TITLE	D	☐ DELETE
NAME	CAMPEAU, DENNIS	
STREET ADDRESS	60 SPRUCE ST	
CITY-STATE-ZIP	TORONTO ONTARIO CANADA	
TITLE	D	☐ DELETE
NAME	KOSOY, COLLEEN	
STREET ADDRESS	303 ROYAL POINCIANA PLAZA	
CITY-STATE-ZIP	PALM BEACH FL 33480	
TITLE	D	☐ DELETE
NAME	KOSOY, A DAVID	
STREET ADDRESS	303 ROYAL POINCIANA PLAZA	
CITY-STATE-ZIP	PALM BEACH FL 33480	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. NAME		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. NAME		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this report is true and correct, and I do not qualify for the exemption provided in Section 119.07(4)(g), Florida Statutes. I further certify that the information included on this form is not to be supplied to anyone other than the person to whom it is directed, 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, and that the person named as the registered agent is a resident of the State of Florida, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I have signed this statement with my full name.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

407-835-1810

CR2E034 (12/95)