

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000071435 (9)

1. Corporation Name

SCREEN CUISINE, INC.

FILED
95 JUL 21 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

6425 MAYO STREET
HOLLYWOOD FL 33023

Mailing Address

6425 MAYO STREET
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0553000

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

7. This corporation has liability for intangible taxes under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 8123 NW 60th ST

2a. Mailing Address

25 8123 NW 60th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

27 MIAMI FL

Zip

24 33166

County

25 DADE

Zip

29 33166

County

30 DADE

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

J.D. GRABSKI

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

6425 MAYO ST

83

84 City

HOLLYWOOD

FL

85 Zip Code

33023

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

(Signature, typed or printed name of registered agent and his predecessor)

(NOTE: Registered Agent signature required when re-registering)

DATE

7/16/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRABSKI, JAMES D
STREET ADDRESS	8123 N.W. 60TH STREET
CITY - ST - ZIP	MIAMI FL 33166
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.

11 TITLE	P.D.	☒ Change ☐ Addition
12 NAME	J.D. GRABSKI	
13 STREET ADDRESS	6425 MAYO ST	
14 CITY - ST - ZIP	HOLLYWOOD FLA. 33023	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), 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 and typed or printed name of signing officer or director)

J.D. GRABSKI, 7/16/95

(Signature) (Name)