

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 MAY 01 10:53

DOCUMENT # **P94000081859 (8)**

1. Corporation Name

PINES RESTAURANT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: % G.T. MCDONALD ENTERPRISES, 7951 S.W. 6TH ST., SUITE 112, PLANTATION FL 33324
Mailing Address: % G.T. MCDONALD ENTERPRISES, 7951 S.W. 6TH ST., SUITE 112, PLANTATION FL 33324

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0570092
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

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, BRUCE M
5310 N.W. 33RD AVE.
SUITE 119
FORT LAUDERDALE FL 33309

81 Name: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]*
Signature typed or printed name of registered agent or trustee, if applicable.

AS IT'S AGENT

MARCH 20, 1996

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--------|
| TITLE | D | DELETE |
| NAME | MCDONALD, GERALD T | |
| STREET ADDRESS | 7951 S.W. 6TH ST., SUITE 112 | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|--------|----------|
| 11 TITLE | Change | Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 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 119.07(3)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96 (954) 475-8332
Date Daytime Phone

CR2E034 (12/95)