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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996

FILED

36 HIN 25 AM ID: 20

DOCUMENT # P94000087393 (2) 1. Corporation Name				30 JUN 25 F		
FIRST C	CHOICE STEAK & SEAFOOD			SECREYARY (E STATE	
Principal Place of Business		Mailing Address				
9209 LAZY LAI	NE	9209 LAZY LANE TAMPA FL 33614				
TAMPA FL 336	514	IMMITA PL 33019		3. Date incorporated or Qualified	3a. Date of Last Report	
				11/30/1994	08/22/1995	
Principal Pia	ice of Business	2a. Mailing Address		4. FEI Number	Applied For	
· · · · · · · · · · · · · · · · · · ·		26		59-3278307	Not Applicable	
		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional	
27					Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for int		
<u>ן בֿי</u>	25	29	30	Florida Statutes Yes	□No	
	Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
			B1 Name			
			82 Street Add	ress (P.O. Box Number is Not Acceptable	9)	
701 S. BAYSHORE BLVD., SUITE 101			83	83		
TAMPA F	-L 33606					
			84 City		FL. 85 Zip Code	
12.	Signature, typed or printed name, of registered a political OFFICERS AND	DIRECTORS	ONL Europsteine d'Agassi segit abuté respien 13.	ADDITIONS/CHANGES TO OFFIC		
ITLE	DP	DELETE	1. 1 TITLE		Change Additio	
NAME	SHARIATI, ALIREZA		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	9209 LAZY LANE TAMPA FL 33614		1.3 STREET ADDRESS			
DITY-S!-ZIP TITLE	DT DT	DELETE	2.1 111.8		Change Add tion	
NAME	SHARIATI, MAHMOUD		2 2 NAME	720100	001874697	
STREET ADORESS	9209 LAZY LANE		2.3 STREET ADORESS	-nez25.	/9601074U18	
CITY-ST-ZIP	TAMPA FL 33614		2.4 CITY - ST - ZIP	****2	33.75 ****233.75 Change ☐ Addit o	
FILE	SD	☐ DELETE	3 1 TillE		Circulation Circulates	
NAME	MOGHADASSI, MOHAMMAD 9209 LAZY LANE		3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS DITY - ST - ZIP	TAMPA FL 33614		3.4 CHY-ST-ZIP		15:10	
TITLE	1/3/11 /3 1 5 000 17	DELETE	4 1 HILE	1 180	Change Addition	
NAME			4.2 NAME	(71)	Υ ΛΥ'`	
STREET ADDRESS			4.3 STHEET ADDRESS	\mathcal{H}'_{λ}		
CITY - ST - ZIP			. 4.4 CITY - S1-7/P		Change Change	
TITLE		DELETÉ	5 1 HILE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADOPESS			
CITY - ST - ZIP TITLE		DELETE	5.4.0HY-S1-7IP €.1.7:TLE		Change Addition	
NAME		<u></u> ,	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - \$1 - 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 acrueal 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 enipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 it changed, or or an attack lient with an address.

SIGNATURE:

6-24-96 930-6328