

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Carole D. Meyers
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001501228
05/30/95--01037--002
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000088881 (5)

1. Corporation Name

BONJOUR RESTAURANTS OF AMERICA, INC.

Principal Place of Business

261 ALTERNATE 19
PALM HARBOR FL 34683

Mailing Address

261 ALTERNATE 19
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

24

2a. Mailing Address

26

State Apt # etc

27

City & State

28

29

30

4. FEI Number

59-3279575

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 insurance in the amount of \$100,000.

Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

LABRECQUE, EDWARD C
261 ALTERNATE 19
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

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 607.0540 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 must be printed name of registered agent and the following)

(If the Registered Agent is a corporation, the signature must be of an officer or director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
BALESTRIERI, HENRI
792 NATALIE LANE
PALM HARBOR FL 34683

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
LABRECQUE, EDWARD C
261 ALTERNATE 19
PALM HARBOR FL 34683

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

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 5.19.07(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 as an attachment with an address.

SIGNATURE:

Edward C. Labrecque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1

April 27, 1995 813-786-8228
Date Signature