CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:41

DOCUMENT # P94000090140 (2)

1. Corporation Name
RESTAURANT COACHING, INC.

Principal Place of Business	Mailing Address
~~6610 N. UNIVERSITY DR. #220~~ ~~TAMARAC FL 33321~~	~~6610 N. UNIVERSITY DR. #220~~ ~~TAMARAC FL 33321~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 600 SURFSIDE BLVD.	26 600 SURFSIDE BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SURFSIDE, FL	City & State 28 SURFSIDE, FL
Zip 24	Country 25 USA
Zip 29	Country 30 USA

4. FEI Number: 65-0533495 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIROCCO, RAYMOND M
6610 N. UNIVERSITY DR., #220
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: Noel Stein
82 Street Address (P.O. Box Number is Not Acceptable): 600 SURFSIDE BLVD.
83
84 City: SURFSIDE FL 85 Zip Code: 33154

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: Noel Stein Noel Stein Director MAY 26, 1995
(Signature of person(s) designated as registered agent and the if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	~~DIROCCO, RAYMOND M~~	12 NAME	STEIN, NOEL
STREET ADDRESS	~~6610 N. UNIVERSITY DR., #220~~	13 STREET ADDRESS	600 SURFSIDE BLVD.
CITY ST ZIP	~~TAMARAC FL 33321~~	14 CITY ST ZIP	SURFSIDE, FL
TITLE		21 TITLE	VP ☐ Change ☒ Addition
NAME		22 NAME	CASEY, VALEDIA M.
STREET ADDRESS		23 STREET ADDRESS	2130 N.E. 123RD ST.
CITY ST ZIP		24 CITY ST ZIP	N. MIAMI, FL 33181
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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 this 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 above, or on an attachment with an address.

SIGNATURE: X Noel Stein Noel Stein/Dir. May 26, 1995 (305) 865-7962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0229449 CP