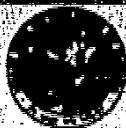


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morahan
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 Incorporation 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.

4. FEI Number

65-0533495

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23. SURFSIDE, FL

28. SURFSIDE, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under § 199.032,

Florida Statutes

☒ Yes

☐ No

24

25

USA

29

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

NOEL STEIN

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

600 SURFSIDE BLVD.

83.

84.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DIROCCO, RAYMOND M
STREET ADDRESS	6610 N. UNIVERSITY DR., #220
CITY, ST, ZIP	TAMARAC FL 33321
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	

1. TITLE	☒ Change ☐ Addition
NAME	STEIN, NOEL
STREET ADDRESS	600 SURFSIDE BLVD.
CITY, ST, ZIP	SURFSIDE, FL
2. TITLE	☐ Change ☒ Addition
NAME	VP
STREET ADDRESS	CASEY, VALEDIA M.
CITY, ST, ZIP	2130 N.E. 123RD ST. N. MIAMI, FL 33181
3. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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(5)(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 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, signed, in person or by proxy, with an address.

SIGNATURE: X

Noel Stein

Noel Stein/Dir.

MAY 26, 1995

865-7962