

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000090140 (2)

1. Corporation Name

RESTAURANT COACHING, INC.



Principal Place of Business

600 SURFSIDE BLVD
SURFSIDE FL 33321
US

Mailing Address

600 SURFSIDE BLVD
SURFSIDE FL 33321
US

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
06/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 600 SURFSIDE BLVD

22 City & State

27 SURFSIDE
28 FLORIDA

23 Zip

Country

24

25

29 33154

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIN, NOEL
600 SURFSIDE BLVD
SURFSIDE FL 33154

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 607.0502 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

STIEN, NOEL
600 SURFSIDE BLVD
SURFSIDE FL

TITLE NAME ☐ DELETE

VP
CASEY, VALEDIA M
2130 NE 123RD ST
N MIAMI FL

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS

CITY - ST - ZIP

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1 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:

Noel Stein Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 13, 1999

Date

Daytime Phone #

CR2E034 (12/95)