

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1997

DOCUMENT # P95000000430

1. Corporation Name

Atrium Restaurants, Inc.

FILED
97 JUN 26 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 110 SE 6th St.

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

27 Ste. 1200

City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30 USA

3. Date Incorporated or Qualified

6/26/84

3a. Date of Last Report

11/12/96

4. FEI Number

59-2424477

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

81 Name

CT Corporation System

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

83 1200 S. Pine Island Rd.

84 City

Plantation

FL

85 Zip Code

33304

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, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

6/26/97

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

(NOTE: Registered Agent's signature required when re-appointing)

Date

12. OFFICERS AND DIRECTORS

TITLE P.T.D. ☐ DELETE
NAME Thomas W. Haulins
STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE V.S.D. ☐ DELETE
NAME James O. Cole
STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME 600002227736--6
13 STREET ADDRESS -07/01/97--01058--004
14 CITY-ST-ZIP *****550.00 *****550.00

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/97

Date

954-713-5200

Daytime Phone #

CR2E034 (12/95)