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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000002032 (7)

1. Corporation Name

MICHAEL'S BISTRO, INC.

Principal Place of Business

5358 SPRING HILL DRIVE  
SPRING HILL FL 34606

Mailing Address

5358 SPRING HILL DRIVE  
SPRING HILL FL 34606



3. Date Incorporated or Qualified  
01/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 13127 Spring Hill Dr.

26 13127 Spring Hill Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Spring Hill

28 Spring Hill

24 Zip

25 Country

29 Zip

30 Country

34609

USA

34609

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARNOCK, WILLIAM T III  
5358 SPRING HILL DRIVE  
SPRING HILL FL 34606

81 Name

William T. Charnock, III

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

13127 Spring Hill Dr.

83

84 City

Spring Hill

FL

85 Zip Code

34609

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)

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME JUSTICE, DIANE L  
STREET ADDRESS 12446 WINSTON COURT  
CITY-ST-ZIP SPRING HILL FL 34609

☐ DELETE

TITLE D  
NAME REILLY, BEATRICE  
STREET ADDRESS 10314 BANNOCK ST.  
CITY-ST-ZIP SPRING HILL FL 34608

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

DeLUCA, MARIA I.

☐ Change

☒ Addition

1.2 NAME

7137 Cambridge Street

1.3 STREET ADDRESS

Spring Hill, FL 34606

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Maria De Luca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96

Date

Daytime Phone

CR2E034 (12/95)