FILE NOW: FILING FEE AFTER MAY 1 IS \$225.
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P95000008196	(4)
 Corporation Name 		

V AND S RESTAURANT CORPORATION

Principal Place of Business

2222 NORTH OCEAN BLVD.
FORT LAUDERDALE FL 33305

2222 NORTH OCEAN BLVD.
FORT LAUDERDALE FL 33305

3. Date Incorporated or Qualified O1/31/1995

2. Principal Place of Business

2a. Mailing Address

4. FET Number

Not Applied For

_	Principal Place of Busine	nee	28	, Mailing Address				4. FEI Number	Applied For
	Principal Flace of Busine	533	—					65-0554246	Not Applicable
21	Suite, Apt. #, etc.		26	Suite, Apt. #. etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State		28	City & State	•		,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	 Zip 	Country 25	29	Zip	Cou	ntry		8. This corporation has liability for intangible to Florida Statutes Yes \(\subseteq No	
24		and Address of Curi			11			10. Name and Address of New Registered	Agent
	TUDISCO, VINCEN 2222 NORTH OCE FORT LAUDERDA	it Ean Blvd.	ie ii iiegi			81 82 83		ess (P.O. Box Number is Not Acceptable)	85 Zip Code
ı						84	City	rı.	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.

12.	Signature. A peopler printed name of registered agent and the if a OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1 1 TITLE	Change Addition
NAME	TUDISCO, VINCENT		1.2 NAME	
STREET ADDRESS	2222 NORTH OCEAN BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305		14 CITY - ST - ZIP	. Change Additi
TITLE	DVS	DELETE	2 1 TITLE	. Change Additi
NAME	DEFLORIO, STEPHEN		2 ? NAME	
STREET ADDRESS	2222 NORTH OCEAN BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305		2.4 CITY - \$1 - ZIP	Change Addit.
TITLE		☐ DELETE	3 1 TITLE	Change Addit
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CRY-ST ZIP	Charles Charles Charles Charles
TITLE		DELETE	4. 1 TITLE	Change Addit
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY \$1-7IP	
TIFLE		DELETE	5 1 TITLE	Change Addit
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIF			5.4 CIRY - ST - ZIP	
TITLE		DELETE	6 1 TITLE	Change Addi
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City-St-ZiP			6.4 CITY - ST. ZIP	
				1 Section 110 07/3/W Elorida Statutes I furth

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 cath; that I am an officer or director of the comporation 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 statutes; and that my name address.

(SIGNATURE: 🛚

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (954)561-9538

CR2E034 (12/95)