

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015697 (2)
1. Corporation Name

EUROPEAN EATERY, INC.

Mailing Address

101 CEDAR POINT LANE
LONGWOOD FL 32779

3a. Date of Last Report

02/24/1995

Applied For

Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
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82

83

B4	City
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FI	85	Zip Code
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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, typed or printed name of registered agent and firm, if applicable

(N1): A signed Agent signature required when transmitting

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12. OFFICERS AND DIRECTORS

TITLE	President
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NAME	George Malishewsky
STREET ADDRESS	1016 Cedar Point Lane
CITY-ST-ZIP	Longwood FL 32779

TITLE	
NAME	
STREET ADDRESS	
CITY - ST. ZIP	

CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	

CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	

CITY - ST - ZIP	
TITLE	
NAME	

STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	

14. I do hereby certify that the information supplied will further certify that the information indicated on the

[illegible]

1.1 TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	George Mathews		
1.3 STREET ADDRESS	101 Cedar Point Lake		
1.4 CITY - ST - ZIP	Longwood, FL 32779		

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	

2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	

3 4 CITY- ST- ZIP		
4 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		

4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		

5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	

6.3 STREET ADDRESS _____
6.4 CITY - ST - ZIP _____

I hereby certify that the information furnished above is true and correct to the best of my knowledge and belief, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I understand that if my annual report is false and inaccurate and that my signature shall have the same legal effect as if it were made by me.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-96 (407) 774-0283

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CR2E034 (3/96)