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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 🖟 Morthail

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000022068 (7)

DOCUMENT # P95000 1. Corporation Name ST. ANDREWS RESTAURANT, INC.

cinal Place of Business	Mailing Address	

Principal Place of		Ma	alling Address				
22166-1 ST. A BOCA RATON	ANDREWS BLVD.		22166-1 ST. ANDREWS BOCA RATON FL 334				
BOOK NATOR	(PE 30400						3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/1995
			Molino Address				
2. Principal Place	e of Business		Mailing Address				4. FEI Number 0567394 Applied For Not Applied be
11	alo	26	Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #,	etc.	27	Salto, April 11, Stor				Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
3		28	•				Trust Fund Contribution Added to Fees
Zip	Country		Zipi	Cor	intry		8. This corporation has liability for intangible tax under s 199.032,
24	25	29		30	,		Florida Statutes Yes You
	9. Name and Address of Curre	nt Regis	tered Agent		0.1	Nienas	10. Name and Address of New Registered Agent
					81	Name	
FEIG, M 8000 PE	iarc i Eters RD.				82	Street Addr	iress (P.O. Box Number is Not Acceptable)
PLANTA	TION FL 33324				83		
;					84		FL 85 Zip Code
1	diament Sections 607 050	2 and 60	17 1508 Florida Statute	es, the ab	J	named corpo	ention automite this statement for the number of changing its registered office
ar ragintara	discoult or both in the State of Flor	ida Suc	n change was audionzi	ישויו עלו טט	corp	oration's boa	ard of directors. Thereby accept the appointment as registered agent. I am
familiar with	n, and accept the obligations of, Sec	tion 607	.0505, Florida Statutes	i.			
SIGNATURE	agricture, typed or printed name of registered age:	n and this it	applicable (NO	TE Registere	d Agr	nt signature require	ed when reinstating) DATE
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVS		DEFEIE	1.1	TITLE		Change Addition
NAME	PITO, CATHERINE			1.21	NAME		
STREET ADDRESS	7942 TENNYSON CT.			1,3 5	STREE	T ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33433			1.44	CITY-	ST-ZIP	Change Addition
TITLE	PT - TOLLY		☐ DELFTE	2 1	TiTLE		Change Addition
NAME	PITO, FRANK			2.2	NAME		
STREET ADDRESS	7942 TENNYSON CT.			2.3	STREE	1 ADDRESS	
CITY-ST-2IP	BOCA RATON FL 33433					ST-ZIP	Change Addition
TITLE			DEFETE		TITLE		
NAME					NAME	l	
STREET ADDRESS				- 1		ET ADDRESS	
CITY-S1-ZIP			C Strike			S1 - 21P	☐ Change ☐ Addition
TITLE			DELETE		TITLE		
NAME					NAME		
STREET ADDRESS				li li		E1 ADDRESS	
CITY-ST-ZIP			[] DELFIE		CHY. LITE	ST-ZIP	Change Addition
TITLE			Domin		NAMI		- · -
NAME						ET-ADDRESS	600001838846
STREET ADDRESS				1			1-05/24/9601070012
CITY-S1-ZIP			DELETE		1 TITL	- ST- ZIP	****200.08 □ Change □ Addition
TITLE			L) occur		NAM		
NAME						ET ADDRESS	
STREET ADDRESS				6/	i city	- ST- 7IP	
City-ST-ZIP	Learning that the information supplier	ed with th	is filma is voluntariiv fui	rnished ar	nd do	pes not qualify	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

roomereby certify that the information supplied with this timing is void hardy to mission and does not quality to the exemption stated in Section 1.19.07(a)rdy, noticed statutes, notified 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 outly that I am an officer or director of the exporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed or on an attaching twith an address.

SIGNATURE:

FRANKIE PIN JR