


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90001 028 \*\*\*392.00

08-16-1999 90002 030 \*\*\*158.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000022068</b> 1. Corporation Name <b>ST. ANDREWS RESTAURANT, INC.</b>					
Principal Place of Business 22166-1 ST. ANDREWS BLVD. BOCA RATON FL 33433			Mailing Address 22166-1 ST. ANDREWS BLVD. BOCA RATON FL 33433		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>03/16/1995</b>					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number <b>65-0567394</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>FEIG, MARC</b> <b>8000 PETERS RD.</b> <b>PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent 81 Name <b>DAVID Kufpermann</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10026 Spanish Isles Blvd</b> 83 <b>B16</b> 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33498</b>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>7/22/99</b>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP DVS PITO, CATHERINE 7942 TENNYSON CT. BOCA RATON FL 33433 <input checked="" type="checkbox"/> DELETE PT PITO, FRANK 7942 TENNYSON CT. BOCA RATON FL 33433 <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME DAVID Kufpermann 1.3 STREET ADDRESS 10026 Spanish Isles Blvd 1.4 CITY-ST-ZIP B16 BOCA RATON FL 33498 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 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 4.4 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		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> President-7/22/99-470-3395 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)