

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 # P95000023608 (9)

1. Corporation Name

RIBS-N-MORE OF ROYAL PALM, INC.



Principal Place of Business

Mailing Address

1499 W PALMETTO PARK RD
BOCA RATON FL 33486

1499 W PALMETTO PARK RD
BOCA RATON FL 33486

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Add: Ste. 320

Add: Suite 320

23

28

City & State

City & State

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GATSOS, ELAINE M

1499 W PALMETTO PARK RD

~~SUITE 412~~ Suite 210

BOCA RATON FL 33486

3. Date Incorporated or Qualified

03/22/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0578903

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

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

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

83. Suite 210

84. City

FL

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.

SIGNATURE

Signature of person to be registered as agent or change of agent

(If Title Registered Agent signature required when not a director)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RUBINO, ROBERT M	
STREET ADDRESS	1499 W PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	P/D
2.3 STREET ADDRESS	Elaine M. Gatos
2.4 CITY-ST-ZIP	1499 W. Palmetto Park Rd. Ste 210
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	S
3.3 STREET ADDRESS	Elaine C. Charbonneau
3.4 CITY-ST-ZIP	1499 W. Palmetto Park Rd Ste 210
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	Boca Raton, FL 33486
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine M. Gatos* President 7-29-96 (561) 3950206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)