

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023736 (8)

1. Corporation Name

CONCEPT RESTAURANT GROUP, INC.



Principal Place of Business

5401 KIRKMAN ROAD
SUITE 610
ORLANDO FL 32819

Mailing Address

5401 KIRKMAN ROAD
SUITE 610
ORLANDO FL 32819

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MILHAUSEN, DAVID
5401 KIRKMAN ROAD, SUITE 610
ORLANDO FL 32819

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

4. FET Number

59-3312662

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

CHOUFANI, Rachid

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

9103 Charles E. Limpus

83 City

ORLANDO

FL

85 Zip Code

32836

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, typed or printed name of registered agent and title, if applicable

(Note: Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

CHOUFANI, RACHID

☐ DELETE

NAME

5401 KIRKMAN RD., STE. 610

STREET ADDRESS

ORLANDO FL 32819

CITY - ST - ZIP

TITLE

D

BAKER, STEVEN

☐ DELETE

NAME

5401 KIRKMAN RD., STE. 610

STREET ADDRESS

ORLANDO FL 32819

CITY - ST - ZIP

TITLE

D

MCBRIDE, PATRICK

☐ DELETE

NAME

5401 KIRKMAN RD., STE. 610

STREET ADDRESS

ORLANDO FL 32819

CITY - ST - ZIP

TITLE

ST

MILHAUSEN, DAVID

☒ DELETE

NAME

5401 KIRKMAN RD., STE. 610

STREET ADDRESS

ORLANDO FL 32819

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

ST CHOUFANI, RACHID

☐ Change ☒ Addition

1.2 NAME

9103 Charles E. Limpus

1.3 STREET ADDRESS

ORLANDO, FL 32836

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.5 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)