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 #   P95000031069 (4)

1. Corporation Name

EMPIRE DINER, INC.

Principal Place of Business	Mailing Address
6050 BABCOCK ST. SE. UNIT 4 PALM BAY FL 32907	6050 BABCOCK ST. SE. UNIT 4 PALM BAY FL 32907

	3. Date Incorporated or Qualified **04/17/1995**	3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number ≠ *59.3309.021*	Applied For / Not Applicable
21	**26**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State **23**	City & State **28**	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	
Zip **24**	Country **25**	Zip **29**	Country **30**		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
GRIGONIS, MADALYN A 6050 BABCOCK ST. SE, UNIT 4 PALM BAY FL 32907	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIGONIS, MADALYN A		1.2 NAME		
STREET ADDRESS	950 CROSS LAKE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIPENTEMA, ANGELA		2.2 NAME		
STREET ADDRESS	898 ONTARIO ST NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: *Angela Di Centino*   4/26   723 7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)