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

PROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary State DIVISION OF CORPORATIONS

P95000031069 (4) **DOCUMENT #** 1. Corporation Name

EMPIRE DINER, INC.



T THIODOG T IGOO C	of Business	Mailing Addr	ess				1,020,000,000			
6050 BABCC PALM BAY F	OCK ST. SE. UNIT 4	6050 BAI	6050 BABCOCK ST. SE. UNIT 4 PALM BAY FL 32907							
							3. Date Incorporated or Qualified 04/17/1995	3a. Date of L	est Report	
2. Principal Plac	oe of Business	2a. Mailing A	ddress				4. FEI Number	·····	Applied For	
21	of promoti	26					# 59.3309.021		Not Applicable	
Sulte, Apt. #	, etc.	Suite, Ap	it.#, etc.				5. Certificate of Status Desired	1 1	<b>8.75</b> Additional Fee Required	
22	NAMES OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	27					& Floating Convoing Singpoing		55.00 May Be	
City & State		28 City & St	ate				Election Campaign Financing     Trust Fund Contribution		Added to Fees	
<b>23</b>   Z)p	Country	Z(p)	·····	Countr	 'Y		8. This corporation has liability for	intangible tax un	der s 199.032,	
24	25	29		30			,	. ∏No		
	g. Name and Address of Curr	ent Registered Ag	ent				10. Name and Address of New F	Registered Ager	1t	
				8		lame				
GRIGONIS, MADALYN A					<b>82</b> Str		t Address (P.O. Box Number is Not Acceptable)			
	BABCOCK ST. SE, UNIT 4					*********				
PALM I	BAY FL 32907			8:	۱,					
ja.				8	4	йty		FL  81	5 Zip Code	
	the second Continue CO2 OF	.02 and 607 1508 F	lorida Statute	s the above	 nan	ned comora	tion submits this statement for the pu	irpose of chancir	ig its registered offic	
or registere familiar with	ed agent, or both, in the State of Fluid, and accept the obligations of Sc	оона врси сланое:	いるち とはいいしにとり		rpora	ition's board	of directors. I hereby accept the app	oointment as regi	stered agent, i am	
SIGNATURE	Signature, typeo or pented name of registered as	jont and tile if apphiable	(PQ)	TE: Pegistered A(	yarıl siç	gnature required		DATE		
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF			
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	LANGE MALIBERT PL AGGGA									
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I do hereby certify that the information supplies with this iming is voluntarily infrasted and decorate and that my signature shall have the same legal effect as if made under 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 certify 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 will but address.

WILD I LENTENO UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR