


AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90014 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000031069**

1. Corporation Name

EMPIRE DINER, INC.
 Principal Place of Business
 6050 BABCOCK ST. SE. UNIT 4
 PALM BAY FL 32907

 Mailing Address
 6050 BABCOCK ST. SE. UNIT 4
 PALM BAY FL 32907


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

59-3309021

Applied For

Not Applicable

5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐
\$5.00 May Be
 Added to Fees
8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

 GRIGONIS, MADALYN A
 6050 BABCOCK ST. SE. UNIT 4
 PALM BAY FL 32907

10. Name and Address of New Registered Agent

 81 Name **DIPENTIMA, Angela**
 82 Street Address (P.O. Box Number is Not Acceptable)
898 ONTARIO ST. N.W.
 83 City **Palm Bay** FL 85 Zip Code **32907**

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 **ANGELA DIPENTIMA**

(NOTE: Registered Agent signature required when reinstating)

6/29/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PENTIMA, V	
STREET ADDRESS	8788 ONTARIO ST NW	<i>Incorrect Home Number</i>
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIPENTIMA, ANGELA	
STREET ADDRESS	898 ONTARIO ST NW	<i>Incorrect Spelling Last Name</i>
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIPENTIMA, V	
1.3 STREET ADDRESS	898 ONTARIO ST. N.W.	
1.4 CITY-ST-ZIP	Palm Bay FLA. 32907	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIPENTIMA, Angela	
2.3 STREET ADDRESS	898 ONTARIO ST. N.W.	
2.4 CITY-ST-ZIP	PALM BAY, FLA. 32907	
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: **Angela Dipentima**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99 407-723-7060

Date

Daytime Phone #

CR2E034 (5/99)