

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 # P95000048892 (0)

1. Corporation Name

PRIME CUT AT CHAPEL TRAIL PLAZA, INC.



Principal Place of Business

8956 WEST STATE ROAD 84
DAVIE FL 33324

Mailing Address

8956 WEST STATE ROAD 84
DAVIE FL 33324

2. Principal Place of Business

21 18467 PINES BLVD

2a. Mailing Address

26 18467 PINES BLVD. GS 0587199

3. Date Incorporated or Qualified

06/20/1995

3a. Date of Last Report

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 PEMBROKE PINES

City & State

28 PEMBROKE PINES

Zip

24 33029

Country

25 BROWARD

Zip

29 33029

Country

30 BROWARD

9. Name and Address of Current Registered Agent

SINGER, BERNARD A
4700 SHERIDAN STREET STE B
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/96

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME MOORE, RICHARD
STREET ADDRESS 8956 WEST STATE ROAD 84
CITY-ST-ZIP DAVIE FL 33324

TITLE ☐ DELETE

NAME RICHARD EADIE
STREET ADDRESS 18467 Pines Blvd.
CITY-ST-ZIP Pembroke Pines FL 33029

TITLE ☐ DELETE

NAME DANIEL TUNPIN
STREET ADDRESS 8956 West state Rd. 84
CITY-ST-ZIP Davie FL 33324

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

NAME RICHARD MOORE
STREET ADDRESS 8956 W. ST. RD. 84 DAVIE FL 33324

2.1 TITLE ☐ Change ☐ Addition

NAME RICHARD EADIE
STREET ADDRESS 18467 Pines Blvd.
CITY-ST-ZIP Pembroke Pines FL 33029

3.1 TITLE ☐ Change ☒ Addition

NAME DANIEL TUNPIN
STREET ADDRESS 8956 West state Rd. 84
CITY-ST-ZIP Davie FL 33324

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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 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

3/18/94 954 450-2770

CR2E034 (12/95)