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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

18467 PINE BLVD.
PEMBROKE PINES FL 33029

Mailing Address

18467 PINE BLVD.
PEMBROKE PINES FL 33029-1400

3. Date Incorporated or Qualified

06/20/1995

3a. Date of Last Report

04/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

65-0587199

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

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

PETER P. PARISI

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

2832 N.E. 21st COURT

83

84 City

Ft. Lauderdale

FL

85

Zip Code
33305

11. Pursuant to the provisions of Sections 607.051 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]

(NOTE: Registered Agent signature required when reinstating)

PETER P. PARISI

2/8/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME S
STREET ADDRESS MOORE, RICHARD
CITY-ST-ZIP 8956 WEST STATE ROAD 84
DAVE FL 33324

TITLE ☐ DELETE
NAME T
STREET ADDRESS EADIL, RICHARD
CITY-ST-ZIP 18467 PINE BLVD.
PEMBROKE PINES FL 33029

TITLE ☐ DELETE
NAME P
STREET ADDRESS TUNPIN, DANIEL
CITY-ST-ZIP 8956 WEST ATATE RD. 84
DAVE 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME EADIE, Richard
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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:

[Signature]

Richard Eadie

2/8/97 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)