**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90169 047 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000049747

CITY-ST-ZIP

TRIFON'S RESTAURANT, INC.

Principal Place	e of Business	Mailing Address		ı			
1655-1657 S. 21ST AVE. 1655-1657 S. 21ST AVE.							
HOLLYWOOD: FL-33020 : HOLLYWOOD: FE 33020				-	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	IS SPACE	٦_
					06/26/1995		
2. Principal Place of Business 2a. Mailing Address			<del>_</del>		4. FEI Number	Applied For	ᅥ
21		26			65-0595006	Not Applicable	•
Suite, Apt. #, etc. Suite, Apt. #, e			etc.		5. Certifcate of Status Desired	\$8.75 Additional	7
		27			5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28			Trust Fund Contribution	Added to Fees	$\dashv$
<b>—</b>	Zip Country Zip		Country		8. This corporation owes the current year I	ntangible ☐ Yes	
24	9. Name and Address of Curre		30		Personal Property Tax.  10. Name and Address of New Registere		$\dashv$
	5. Name and Address of Carre	iii itagisteraa Again	81	Name	To. Italia and Address of their fregleters	27.90	┪
EFR	emov, vanya						4
1655-1657 S. 21ST AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020			83				
			-	0.1		as 7: Codo	4
			84	City	F	L 85 Zip Code	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by da Statutes	the corporat	red when reinstating)  DATE	ointment as registered	ı
12.			13.	nt signature requi	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	-
TITLE	PD	☐ DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition	n
NAME	EFREMOV, DIMITRE		1.2 NAME				
STREET ADDRESS	1655-1657 S. 21ST AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	an .
NAME	EFREMOV, VANYA		2.2 NAME				
STREET ADDRESS	1655-1657 S. 21ST AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-9	ST-ZIP			4
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	٦
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY- S	ST-ZIP		☐ Change ☐ Addition	_
TITLE		L'I DEFEIE	4.1 TITLE		~		<u>"</u> - -
NAME			4. 2 NAME	T ADDDESS			
STREET ADDRESS				TADDRESS			-
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-217		☐ Change ☐ Additio	n
NAME			5.2 NAME	-			
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		☐ DELETE	6.1 TITLE			Change Addition	n]
NAME .			6.2 NAME				
STREET ADDRESS			6.3 STREET	T ADDRESS			

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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE**