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 # **P95000050803 (2)**

1. Corporation Name
SOBIK'S RESTAURANT CORP.

Principal Place of Business
~~807 SOUTH ORLANDO AVENUE~~
~~SUITE H~~
~~WINTER PARK FL 32789~~

Mailing Address
~~807 SOUTH ORLANDO AVENUE~~
~~SUITE H~~
~~WINTER PARK FL 32789~~

3. Date Incorporated or Qualified: 06/26/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1059 Maitland Center Commons
Suite, Apt. #, etc.
22 2nd Floor
City & State
23 Maitland, FL
Zip 24 32751
Country 25 Orange

2a. Mailing Address
26 1059 Maitland Center Commons
Suite, Apt. #, etc.
27 2nd Floor
City & State
28 Maitland, FL
Zip 29 32751
Country 30 Orange

4. FEI Number: 59-3338880 — 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
BYRD, JAMES S JR.
~~807 SOUTH ORLANDO AVENUE~~
~~SUITE H~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1059 Maitland Center Commons
83 2nd Floor
84 City Maitland FL 85 Zip Code 32751

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 of Officer or Director — (If OK, Registered Agent signature required on reverse side) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	KAUFMAN, NORM
STREET ADDRESS	~~807 SOUTH ORLANDO AVENUE~~
CITY-ST-ZIP	~~WINTER PARK FL 32789~~
TITLE	D ☐ DELETE
NAME	BYRD, JAMES S JR.
STREET ADDRESS	~~807 SOUTH ORLANDO AVENUE~~
CITY-ST-ZIP	~~WINTER PARK FL 32789~~
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	1059 Maitland Center Commons
1.4 CITY-ST-ZIP	Maitland FL 32751
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1059 Maitland Center Commons
2.4 CITY-ST-ZIP	Maitland FL 32751
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	100001952491
6.3 STREET ADDRESS	-06/05/96--01104--020
6.4 CITY-ST-ZIP	***200.00

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. 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 — Daytime Phone #: 407-875-0444

5-96

CR2E034 (12/95)