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May 19 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 # P95000050803 (2)

1. Corporation Name

SOBIK'S RESTAURANT CORP.

Principal Place of Business

1059 MAITLAND CENTER COMMONS
2ND FLOOR
MAITLAND FL 32751

Mailing Address

1059 MAITLAND CENTER COMMONS
2ND FLOOR
MAITLAND FL 32751-7434



2. Principal Place of Business

21 9400 S. DADELAND BLVD.

Suite, Apt. #, etc.

22 #720

City & State

23 Miami FLORIDA

Zip

24 33156

Country

25 DADE

2a. Mailing Address

26 9400 S. DADELAND BLVD.

Suite, Apt. #, etc.

27 #720

City & State

28 Miami, FLORIDA

Zip

29 33156

Country

30 DADE

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3338860

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.
1059 MAITLAND CENTER COMMONS
2ND FLOOR
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name S. Scott Choos, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
15600 SW 288 ST #312
83
84 City HOMESTEAD FL 85 Zip Code 33033

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, in 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]

S. Scott Choos, Esq.

3/19/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME KAUFMAN, NORM
STREET ADDRESS 1059 MAITLAND CENTER COMMONS
CITY-ST-ZIP MAITLAND FL 32751

TITLE D
NAME BYRD, JAMES S JR.
STREET ADDRESS 1059 MAITLAND CENTER COMMONS
CITY-ST-ZIP MAITLAND FL 32751

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 PDTS
1.2 NAME Steven M. Wemple
1.3 STREET ADDRESS 9400 S. DADELAND BLVD #720
1.4 CITY-ST-ZIP MIAMI, FL 33156

2.1 TITLE CD
2.2 NAME Robert Berg
2.3 STREET ADDRESS 9400 S. DADELAND BLVD #720
2.4 CITY-ST-ZIP MIAMI, FL 33156

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-670-0746

CR2E034 (9/96)