## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1996 96 HAR 20 PH 4: 35 795000065376 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLURISA ROMANAN STBAK HOUSE INC 1670 OAKLAND PORK BLVD TH LOUDER DALE 71.33306 3a. Date of Last Report 3. Date Incorporated or Qualified 2. Principal Place of Business 21 /6/0 B OKlumo POEK for 66 Applied For Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Country Florida Statutes Yes No 10. Name and Address of New Registered Agent 81 Name SORIN RAPAILOUKC Street Address (P.O. Box Number is Not Acceptable) 1701 Collem AVB 83 Zip Code 84 City *3*2360 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 to 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 appent the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed (NOTE: Registered Agent signal ire required when reinstahing) registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 1700 - Collem DUE Addition DELETE 1. 1 TITLE 1221 Dent TITLE 1.2 NAME NAME MIONI BEEKY 33360 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP 2 1 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - 7/P CITY - ST - ZIP 900001751769 -03/21/96-01007-010 DELETE 3 1 TITLE TITLE 3.2 NAME NAME \*\*\*\*208.75 3.3 STREET ADDRESS \*\*\*\*208.75 STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4 4 CI1Y - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CHY-ST-ZIP CITY-ST-7IP Addition Change DELETE 6 1 TITLE TiTLE

nished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I the family annual report is true and accurate and that my signature shall have the same legal effect as if fiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and it with an address 14. I do hereby certify that the information supplied with this filing is voluntarily fur further certify that the information indicated on this annual report or supply nen made under oath; that I am an officer or director of the corporation or the receipt that my name appears in Block 12 or Block 13 if changed, or on an attainment.

CER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

3-20-96 Daytore Profe #