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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MEN 1 # P9500 ISET RESTAURANT, INC.	0072829 (1)			
Principal Place of Business		Mailing Address			FB5()
B903 GLADES RD		8903 GLADES RD			
BAY B-1		BAY B-1			
BOCA RATON FL 33434		BOCA RATON FL 33434-40	074	Colo la consectada de Constitued	A Data of Los Decord
				3. Date Incorporated or Qualified 09/20/1995	3a, Date of Last Report 08/07/1996
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0619736	Not Applicable
22]		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		0 Clastic Company Figure 1	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for int	
24	25	29	30		Yes No
	Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regi	stered Agent
UPS	SCHUTZ, RICHARD		81 Name		
19892 DINNERKEY DR			82 Street Add	ress (P.O. Box Number is Not Acceptable))
BOCA RATON FL 33498			83		·
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State on familiar with, and accept the oblig	02 and 607.1508, Florida Slatute of Florida, Such change was a sations of Spection 607.0505, Flo	es, the above-named corporal uthorized by the corporal rida Statutes	poration submits this statement for the pultion's board of directors. I hereby accept	
SIGNATURE	Signature, typed or printed name of registered ag	_	Ragistered Agent signature requi	thed when relations	DATE
12. OFFICERS AND DIRICTORS		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	P	☐ DELE1E	1.1 TITLE	7,55,000,000,000,000,000	Change Addition
NAME	LIPSCHUTZ, RICHARD		1.2 NAME		
STREET ADDRESS	19892 DINNERKEY DR		1.9 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY - \$1 - ZIP		
TITLE		DELETE	2.1 TOLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS	•	
CITY-ST-ZIP		Decree	2. 4 CHY-S1-ZIP		
TITLE		LJ DELETE	3.1 TillE	i .	L. Change L. Addition
NAME			3.2 NAML		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. CHY-ST-ZIP 4.1 THEE		Change Addition
NAME		<u></u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - 7/P		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
CATY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
0.774 07 740			0.4.000 OT 700		

64CITY-ST-ZIP

14. If 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.