

*** 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 # P95000085071 (5)

1. Corporation Name

RENAISSANCE RESTAURANTS OF ATLANTIC BEACH, INC.



Principal Place of Business

**GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE
ST. PETERSBURG FL 33702**

Mailing Address

**GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE
ST. PETERSBURG FL 33702**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

11/06/1995

3a. Date of Last Report

4. FET Number

☒ 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

10. Name and Address of New Registered Agent

**MASCARA, ERNEST L.
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE
ST. PETERSBURG FL 33702**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the applicable block

(Initials of Registered Agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPO** ☐ DELETE
NAME **MASCARA, ERNESE L**
STREET ADDRESS **GLADES BLDG., #303, 877 EX CNTR DR WEST**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **ERNEST L. MASCARA**
1.3 STREET ADDRESS **877 Executive Center Dr. W., #303**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33702**

2.1 TITLE **DPT** ☐ Change ☒ Addition
2.2 NAME **MICHAEL BURDICK**
2.3 STREET ADDRESS **2753 S.R. 580, SUITE 105**
2.4 CITY-ST-ZIP **Clearwater, FL 34621**

3.1 TITLE **DVPS** ☐ Change ☒ Addition
3.2 NAME **DAVID HAZZARD**
3.3 STREET ADDRESS **2753 S.R. 580, SUITE 105**
3.4 CITY-ST-ZIP **Clearwater, FL 34621**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **800001829718** ☐ Change ☐ Addition
5.2 NAME **-05/20/96--01054--036**
5.3 STREET ADDRESS *****200.00**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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. 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 recorder 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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. BURDICK

4/29/96

Date

Daytime Phone #

CR2E034 (12/95)