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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097167

1. Corporation Name

FIRST RESTAURANT, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90074 035 ***150.00



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Principal Place	e of Business	Mailing Address			7 (WEST) PR 12 (E) E (1) PR 11			
5622 US HIGHWAY 19 N 5622 US HIGHWAY 19								
NEW PORT RITCHEY FL 34652 NEW PORT RITCHEY FL 34			4652		DO NOT WRITE IN THIS SPACE			
US US					Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					12/19/1995			
Principal Place of Business Za. Mailing Address					4. FEI Number		<u> </u>	pplied For
21		26			<u>59-3355 162</u>			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28		_	Trust Fund Contribution		Added	I to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curr	ent year Inta	angible	
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New F	Registered /	Agent	
		- -		81 Name				Ì
DEMETRIADIS, JOHN				82 Street Add	Address (P.O. Box Number is Not Acceptable)			
1	CARLYSLE LAKES BLVD			Jan Street Add	sicoo (i .O. box rismooi is not ricopie	,		
Pali	M HARBOR FL 34685			83				
ļ			İ				Ta-1 =:-	
				84 City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statu	tes the al	nove-named cor	poration submits this statement for the		changing it	s registered
office or r	egistered agent, or both, in the Starm familiar aith, and accept the obli	e of Florida. Such change was a gations of, Section 607.0505, Florida	authorized orida Statu	by the corpora	poration submits this statement for the tion's board of directors. I hereby accept	of the appoir	itment as r	egistered
SIGNATURE		· · ·		_		٠.		
	gnature, typed or printed name of register 60 a			Agent signature requi		DATE	D OUDEOT	ODC IV 42
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	
TITLE	Р	☐ DELETE	: 1.1 TR	TE			[] change	[_] Addition
NAME	Gugudi, Dimitri		1.2 NA	ME)
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TITLE	VS	☐ DELETE	2.1 TI	T.E			Change	Addition
NAME	DEMETRIADIS, JOHN		2.2 NA	ME				ļ
STREET ADDRESS	4009 CARLYLE LAKES BLVD		2.3 \$T	REET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34685		2.4 C	TY-ST-ZIP				
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NAME			3.2 NA	ME				
STREET ADDRESS			1	REET ADDRESS				
				TY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	4.1 717				Change	Addition
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NAME			5.2 NA	f				ſ
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NAME			6.2 NA	ME				ĺ
STREET ADDRESS			6.3 ST	REET ADDRESS				
	()		64 CI	TY-ST-ZIP				1

14. I 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, with all other like empowered.

SIGNATURE: