## 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 # P9600000048

1. Corporation Name

LOGAN'S DELI AT CENTURY PLAZA, INC.

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

05-06-1999 90095 040 \*\*\*150.00



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Principal Place of Business Mailing Address								
135 WEST CENTRAL BLVD. 135 WEST CENTRAL BLVD.								
ORLANDO FL 3		ORLANDO FL 32801				DO NOT WOITE IN THIS SPACE		
						DO NOT WRITE IN THIS SPA	4CE	
						3. Date Incorporated or Qualifed		
						12/29/1995 4. FEI Number	1 / 4	lied For
2. Principal Pla	ace of Business	2a. Mailing Address	<del>-</del>			1 2	<u> </u>	Applicable
21		26				59-3377371	8.75 A	Applicable
Suite, Apt. i	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Rec	
22		City & State	City & State					
City & State		<u> </u>	<del></del>			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 to Added to	
Zip Country			Zip Country					71000
Zip		<u>├</u> ¬ '	30			8. This corporation owes the current year Intangi Personal Property Tax.		□No I
24	9. Name and Address of Curre	29 Agent	[30]			10. Name and Address of New Registered Age		
	9. Name and Address of Curre	int Registered Agent		81	Name	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		
CON	FREY, SONYA							
135 WEST CENTRAL BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		į
ORLANDO FL 32801				83				
	1100 1 E 0200 1			"				
				84	City	FL  8	5 Zip C	ode
11 Dureuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statu	tes. the a	LL	named corpo	oration submits this statement for the purpose of cha	nging its	registered
office or re	adictored agent or both in the State	e of Florida. Such change was a	authorized	חז עם נו	e corporatio	on's board of directors. I hereby accept the appointment	ent as reg	jistered
agent. I ar	n familiar with, and accept the oblig	jations of, Section 607,0505, Fig	mua Stati	utes.				
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable (NOTI	E: Registered	Agent s	ignature required	d when reinstating) DATE	_	
12.	J. J			13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 71	TLE			Change	☐ Addition
NAME	CONDREY, SONYA		1.2 N	AME	{			
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STREET ADDRESS				<u> </u>	~~			
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NAME			62 N					]
STREET ADDRESS					DDRESS			
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14. 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:

Daytime Phone #