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

**PROFIT** CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Namo P96000009296 (0)

MB RESTAURANT ENTERPRISES, INC.

! '	ce of Business	Mailing Address 4400 PGA BLVD STE 70	0		
PALM BEACH GARDENS FL 33410		PALM BEACH GARDENS FL 33410		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 01/30/1996	
2. Principal Place of Business 21		2a. Mailing Address 26	and the second s	4. FEI Number 65-0677731	Applied For Not Applicable
Suite, Apl. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrept year Intangible
24	[25]	[29]	30	Personal Property 1ax due June 30.	
	9. Name and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of New Registere	D Agent
BOYER, JOHN W 4400 PGA BLVD STE 700				ess (P.O. Box Number is Not Acceptable)	
PALM BEACH GARDENS FL 33410			83		
			84 City	F	L 85 Zip Code
11. Pursuant office or agent. I s SIGNATURE	registored agent, or both, in the state am familiar with, and accept the oblig	of Florida Such change was a stions of Section 607.0505, Fla	authorized by the corporati orida Statules.	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
12.	Signature typod or printed name of registered agr	er aud tille it applicable. (NOT ID DIRLCTORS	f: Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	VPDT OF TOLERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	BOYER, JOHN W	_	1.2 NAME		,
STREET ADDRESS	4 GRAEMOOR TERRACE		13 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY - ST - ZIP		
TITLE	DPS	DELETE	2 1 1ITLE		Change Addition
NAME	MATSUO, MASAYOSHI		2.2 NAME		
STREET ADDRESS	2755 WHITE WING LANE		23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2 4 CiTY-\$1-7(P		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - 2IP		Į.

14. Thereby 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 logal effect as if made under eath; 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.

5.1 HILE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 City-S1-7iP

5.4 CITY - ST - ZIP

DELETE

DLLETE

1/11/00

Change

Change

Addition

Addition

**FILED** 

Jan 20 1998 8:00am

Secretary of State