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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011435 (0)

1. Corporation Name

DYNAMIC RESTAURANT DEVELOPMENT OF FLORIDA, INC.

Principal Place of Business

4225 GENESEE ST.
BUFFALO NY 14225

Mailing Address

4225 GENESEE ST.
BUFFALO NY 14225-1802

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 2499 GLADES RD

Suite, Apt. #, etc.

22 SUITE 106 B

City & State

23 BOCA RATON FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 2499 GLADES RD

Suite, Apt. #, etc.

27 SUITE 106 B

City & State

28 BOCA RATON FL

Zip

29 33431

Country

30 USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MCCARTHY, TERENCE P
2081 E. OCEAN BLVD., 2-A
STUART FL 34998

10. Name and Address of New Registered Agent

81 Name SIEGEL, NAT

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

2499 GLADES RD SUITE 106 B

83

84 City BOCA RATON

FL

85 Zip Code 33431

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 607.0505, Florida Statutes.

SIGNATURE NAT SIEGEL VICE PRESIDENT

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

4-2-97

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME JAMES A COSENTINO
STREET ADDRESS 4225 GENESEE ST.
CITY-ST-ZIP CHERKOWABA NY 14225

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
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 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. 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.

SIGNATURE:

JAMES A. COSENTINO
President

2/28/97

716-634-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000997

CR2E034 (9/96)