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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Zip 24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019586 (2)

B & D RESTAURANT SERVICES, INC.

FILED Feb 12 1998 8:00am Secretary of State

Pi	rincipal Place of Business	Mailing Address					12121 Zilāi iāilā airī (64)		
4	1844 N NOB HILL RD 1902 PLANTATION FL 33322	#302				:DO NOT WRITE IN THIS S	HIS SPACE		
ι)S	US 3. Date Incorporated or Qualified 02/29/1996 e of Business 2a. Mailing Address 4. FEI Number Applie							
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26				65-0651653	Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.	า ''			5. Certificate of Status Desired See Required Fee Required			
23	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip Country	7ip 29	30	ountry	ı	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year intangible Yes No		
	9, Name and Address	of Current Registered Agent	Τ	10. Name and Address of New Registered Agent					
10955 NW 27TH PL SUNRISE FL 33322				81 82 83	2 Street Address (P.O. Box Number is Not Acceptable)				

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 Signature typed or punied name of registered egent and title if apply able (NOTL Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFI		DIRECTORS IN 12				
TITLE	DPST	DELETE	1.1 30TLE	Additional of the contract of	☐ Change	Addition				
NAME	BENSON, NEAL P III		1.2 NAME		_ •					
STREET ADDRESS	10955 NW 27TH PL		1.3 STREET ADDRESS							
CITY-ST-ZIP	SUNRISE FL 33322		1.4 CITY-ST-ZIP							
TITLE	JOHNAC I C GOOLE	DELETE	21 TITLE		☐ Change	Addition				
NAME		_	22 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2.4 CITY-ST-ZIP							
TITLE		DELETE	3.1 TITLE		Change	Addition				
NAME			3 2 NAME		_ •					
STREET ADDRESS			3.3 STREET ADDRESS			*:				
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE		☐ Change	Addition				
NAME			4.2 NAME		— ·	_				
STREET ADDRESS			4.3 STREET ADORESS		t					
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TRLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME		<u> </u>					
STREET ADDRESS			5.3 STREET ADDRESS							
			1							
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change	Addition				
NAME			6.2 NAME		الماس والماس					
			6.3 STREET ADDRESS							
STREET ADORESS			6.3 STREET ADURESS							

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 is 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 is 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 is 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 is 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 is 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 is frue 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 original state is a 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 in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(