

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 10 1997 8:00am
Secretary of State

DOCUMENT # P96000022107 (2)

1. Corporation Name

FAMILY COMPAS CLUB RESTAURANT, INC.

Principal Place of Business

6111 HONEYWOOD WAY
LAKE WORTH FL 33463

Mailing Address

6111 HONEYWOOD WAY
LAKE WORTH FL 33463-6716



3. Date Incorporated or Qualified

03/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 700 Datura Street

2a. Mailing Address

26 6111 Honeywood Way

4. FEI Number

65-0656371

Applied For

Not Applicable

Suite, Apt. #, etc.

22 # 1

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 West Palm Beach, FL

City & State

28 Lake Worth, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip Country

24 33401

25

Zip Country

29 33463

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIAL, ERICK
6111 HONEYWOOD WAY
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

N/A

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

83

84 City

FL

85 Zip Code

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 printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Erick Martial (President)
6111 Honeywood Way
Lake Worth FL 33463

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Magalie Martial (Secretary)
6111 Honeywood Way
Lake Worth FL 33463

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Rony Blanc (Member)
312 E. Bolyston Beach FL 33435

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 08/04/97
Daytime Phone #

CR2E034 (9/96)