

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

FILED
Apr 21 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 # P96000047149 (5)

1. Corporation Name

FIFTH AVENUE SHOPS RESTAURANT, INC.

Principal Place of Business

5370 N.W. 103RD WAY
CORAL SPRINGS FL 33076

Mailing Address

5370 N.W. 103RD WAY
CORAL SPRINGS FL 33076-1785



3. Date Incorporated or Qualified

05/28/1996

3a. Date of Last Report

4. FEI Number

65-0669942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐

Yes

☐

No

2. Principal Place of Business

21 1930 N.W. 5TH AVE

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON, FL 33431

24 Zip

25 33431

26 Country

27 PALM BEACH

28 City & State

29 Zip

30 33431

31 Country

32 FL

33 Zip Code

34 33431

35 Country

36 FL

37 Zip Code

38 33431

39 Country

40 FL

41 Zip Code

42 33431

43 Country

44 FL

45 Zip Code

46 33431

47 Country

48 FL

49 Zip Code

50 33431

51 Country

52 FL

53 Zip Code

54 33431

55 Country

56 FL

57 Zip Code

58 33431

59 Country

60 FL

61 Zip Code

62 33431

63 Country

64 FL

65 Zip Code

9. Name and Address of Current Registered Agent

TROIA, AUDREY M
5370 N.W. 103RD WAY
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TROIA, RASARIO
STREET ADDRESS 5370 N.W. 103RD WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE D ☐ DELETE

NAME TROIA, AUDREY M
STREET ADDRESS 5370 N.W. 103RD WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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)(j), 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]

4/15/97 (G.V.) 3/16-5506

CR2E034 (9/96)