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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000

P96000047149 (5)

FIFTH AVENUE SHOPS RESTAURANT, INC.

Principal Place of Business Mailing Address							- III		OUL BRAIL DINA R		01010 1011 1001
1930 NE 5TH AVE 5370 N.W. 103RD WAY BOCA RATON FL 33431 CORAL SPRINGS FL 330								DO NOT WE	RITE IN THIS	SPACE	
								corporated or Qualifie	ed		
2, Principal Place of Business 2a. Mailing Address							4. FEI Nu			I A	pplied For
21 26							65	5-0669942		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #			ite, Apt. #, etc.	. #, etc.				ate of Status Desired			Additional
22 27							0. 00111110			Fee R	equired
City & Sta	:e	28 Cit					I.	n Campaign Financing und Contribution	<u> </u>		May Be to Fees
Zip	·			Country			8. This co	propration owes or has			
24	25	29		30				al Property Tax due J			☐ No
	9. Name and Address of Curre	nt Registere	d Agent		B1 Nai		10. Name	and Address of New	Registered	Agent	
L .	ROIA, AUDREY M				DI IVai	ne					
5370 N.W. 103RD WAY				Ī	B2 Stre	et Addre	ess (P.O. Box	Number is Not Accep	otable)		
,	CORAL SPRINGS FL 33076			ŀ	83						
]					B4 City	,			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1	508, Florida Statu	tes, the ab	ove-nan	ned corpo	oration subm	its this statement for th	ne purpose of	changing	ts registered
	registered agent, or both, in the State am familiar with, and accept the oblig					corporatio	ion's board of	directors. I hereby ac	cept the app	iointment as	registered
SIGNATURE		,									
- Oldivitorie	Signature, typed or printed name of registered ag			TL: Regislered	Agent sign	ature require:	ed when reinstating		DATE		
12.	OFFICERS AN	D DIRECTO		13.		T-16		ONS/CHANGES TO OF	FICERS AND		
TITLE	D TOOLS DAGS		☐ DELETE	1.1 707			convent			Change	Addition
NAME	TROIA, RASARIO 5370 N.W. 103RD WAY			1,2 NA		, Ko	EARIO"	TROM	1500		
STREET ADDRESS	CORAL SPRINGS FL 33076	2			EET ADDRE	[∞] 53	370 Nº	W. 103rd	7.	7.	-
CITY-S1-ZIP TITLE	D)	DELETE	2.1 T(T	Y-ST-ZIP F		- 1	prines P	<u> </u>	76 Change	Addition
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STREET ADDRESS				3.3 STI	EET AODRE	ss					
CITY-ST-ZIP				3.4. CI	Y-ST-ZIP	İ					1
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NAME				4. 2 NA	ME	1					
STREET ADDRESS				4.3 STF	EET ADDRE	ss					
CITY - ST - ZIP				4.4 CIT	r-ST-ZIP						
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NAME				5.2 NAI	AE .						ĺ
STREET ADDRESS				5.3 STF	EET ADDRE	SS					
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TITLE			□ DELETE	6.1 TIT	E	1				☐ Change	Addition
											1
NAME STREET ADDRESS				6.2 NAI							

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 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 of 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 an attachment with an address.

SIGNATURE:

3/26/98

1904/216-5506

FILED

Mar 31 1998 8:00am

Secretary of State