


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

97 JUL -7 AM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057559
1. Corporation Name
Pembroke Crossing Restaurant, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	6601 Lyons Road	26	6601 Lyons Road	07/08/1996			
22. Suite, Room, etc.		27. Suite, Room, etc.		4. FEI Number		4a. Fee Code For 1997 Report	
221 Suite I-9		271 Suite I-9		65-0726684			
23. City & State		28. City & State		5. Certificate of Status Desired		5.875 Additional Fee Required	
231 Coconut Creek, FL		281 Coconut Creek, FL		<input type="checkbox"/>			
24. Zip		25. County		29. Zip		30. County	
241 33073		251 Broward		291 33073		301 Broward	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81. Name	Stellino, Salvatore		
				82. Street Address (P.O. Box Number is Not Acceptable)	6601 Lyons Road		
				83. Suite	Suite I-9		
				84. City	Coconut Creek,	FL	85. Zip Code
							33073

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 hereby notified of my obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Salvatore Stellino* 7/3/97

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	11. TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		12. NAME	Stellino, Salvatore
3. STREET ADDRESS		13. STREET ADDRESS	6601 Lyons Road, Suite I-9
4. CITY & STATE		14. CITY & STATE	Coconut Creek, FL 33073
5. TITLE	<input type="checkbox"/> DELETE	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		16. NAME	
7. STREET ADDRESS		17. STREET ADDRESS	
8. CITY & STATE		18. CITY & STATE	
9. TITLE	<input type="checkbox"/> DELETE	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		20. NAME	
11. STREET ADDRESS		21. STREET ADDRESS	
12. CITY & STATE		22. CITY & STATE	
13. TITLE	<input type="checkbox"/> DELETE	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		24. NAME	
15. STREET ADDRESS		25. STREET ADDRESS	
16. CITY & STATE		26. CITY & STATE	
17. TITLE	<input type="checkbox"/> DELETE	27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		28. NAME	
19. STREET ADDRESS		29. STREET ADDRESS	
20. CITY & STATE		30. CITY & STATE	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 registered agent 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. In an attachment with an address.

SIGNATURE: *Salvatore Stellino* 6/13/97 954-427-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRP/034 19/96