


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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

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 I-9		27. Suite I-9		4. FEI Number	4a. Fee Code For 1997 Report
23. Coconut Creek, FL		28. Coconut Creek, FL		65-0726684	
24. 33073	25. Broward	29. 33073	30. Broward	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. 199.002 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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. City	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			
12.1 TITLE		<input type="checkbox"/> DELETE		13.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12.2 NAME				13.2 NAME	Stellino, Salvatore		
12.3 STREET ADDRESS				13.3 STREET ADDRESS	6601 Lyons Road, Suite I-9		
12.4 CITY/STATE/ZIP				13.4 CITY/STATE/ZIP	Coconut Creek, FL 33073		
12.5 TITLE		<input type="checkbox"/> DELETE		13.5 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.6 NAME				13.6 NAME			
12.7 STREET ADDRESS				13.7 STREET ADDRESS			
12.8 CITY/STATE/ZIP				13.8 CITY/STATE/ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.9 TITLE		<input type="checkbox"/> DELETE		13.9 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.10 NAME				13.10 NAME			
12.11 STREET ADDRESS				13.11 STREET ADDRESS			
12.12 CITY/STATE/ZIP				13.12 CITY/STATE/ZIP			
12.13 TITLE		<input type="checkbox"/> DELETE		13.13 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.14 NAME				13.14 NAME			
12.15 STREET ADDRESS				13.15 STREET ADDRESS			
12.16 CITY/STATE/ZIP				13.16 CITY/STATE/ZIP			
12.17 TITLE		<input type="checkbox"/> DELETE		13.17 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.18 NAME				13.18 NAME			
12.19 STREET ADDRESS				13.19 STREET ADDRESS			
12.20 CITY/STATE/ZIP				13.20 CITY/STATE/ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.002(3)(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 1996