#### 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

# DOCUMENT # **P96000068145** (7)

### RESTAURANT DEVELOPMENT, INC.

Principal Place of Business COSC MILL CHILL CID

Mailing Address

ROSO MILL DUM CID

## **FILED** Jan 30 1997 8:00am Secretary of State



| NAPLES FL 34109 NAPL   | ES FL 34109-7214   |                                 |                                |   |   |                                 |
|--|--|---------------------------------|--------------------------------|---|---|---------------------------------|
|  |  |                                 |                                | 3. Date Incorporated or Qualified 08/15/1996  | 3a. Date of Last                          | Report                          |
| 2. Principal Place of Business 2a. N   | Mailing Address  |                                 |                                | 4. FEI Number   | I A                                       | Applied For                     |
| 21 26  |  |                                 |                                | 05-0695730  |   | lot Applicable                  |
|  | Suite, Apt. #, etc.  |                                 |                                | 5. Certificate of Status Desired  |   | Additional<br>Required          |
|  | City & State   |                                 |                                | 6. Election Campaign Financing  | \$5.00                                    | Э Мау Ве                        |
| 28   |  |                                 |                                | Trust Fund Contribution   |   | l to Fees                       |
| Zip Country Z  | ip (   | Country                         |                                | 6. This corporation has liability for in  | ntangible tax under                       | s. 199.032,                     |
| 24 25 29   | 30   |                                 |                                |   | Yes No                                    |                                 |
| 9. Name and Address of Current Registe   | red Agent  |                                 |                                | 10. Name and Address of New Rec   | lstered Agent                             |                                 |
| PAGANES, RICHARD   |  | 81                              | Name                           |   |   |                                 |
| 6929 MILL RUN CIR  |  | 82                              | Street Ad                      | dress (P.O. Box Number is Not Acceptable  | le)                                       |                                 |
| NAPLES FL 34109  |  |                                 |                                |   | · · · · · · · · · · · · · · · · · · ·     | ····                            |
|  |  | 83                              |                                |   |   |                                 |
|  |  | 84                              |                                |   | FL   T                                    | Code                            |
| <ol> <li>Pursuant to the provisions of Sections 607.0502 and 607<br/>office or registured agent, or both, in the State of Florida<br/>agent. I am familiar with, and accept the obligations of.</li> </ol> | 7.1508, Florida Statutes, the<br>Such change was author<br>Section 607.0505, Florida ( | e above<br>rized by<br>Statutes | e-named co<br>the corpor<br>s. | rporation submits this statement for the pration's board of directors. I hereby accep | urpose of changing<br>t the appointment a | its registered<br>is registered |
| SIGNATURE  | AlOT Occi  |                                 |                                | quired when reinstating)  | DATE                                      | ·····                           |
| Signal vertyred or profited name of registered agent and affect.  OFFICERS AND DIRECT  |  | 13.                             | ent signature rec              | ADDITIONS/CHANGES TO OFFIC  |   | DRS IN 12                       |
| TITLE P  |  | 1.1 TITLE                       | <u> </u>                       | PVTS  | Change                                    |                                 |
| NAME   |  | 1.2 NAME                        | <b>├</b> ₹                     | RICHARD PAGANES   | •   | _                               |
| STREET ADDRESS   |  | 1.3 STREET                      | ADDRESS (                      | 1929 MILL FUN CIRC  | .v€                                       |                                 |
| CITY - ST - ZIP  |  | 1.4 CITY - S                    |                                | JAPLES, FL. 34109   |   |                                 |
| TITLE  |  | 2.1 TITLE                       |                                | V.,   | Change                                    | Addition                        |
| NAME   | 2  | 2.2 NAME                        |                                |   |   |                                 |
| STREET ADDRESS   | ] 2  | 2.3 STREET                      | ADDRESS                        |   |   |                                 |
| City-St-ZiP  | 2  | 2. 4 CITY-5                     | ST-ZIP                         |   |   |                                 |
| TITLE  | ☐ DELETE 3   | 3 1 TITLE                       |                                |   | Change                                    | Addition                        |
| NAME   | 3  | 3.2 NAME                        |                                |   |   |                                 |
| STREET ADDRESS   | ] 3  | 3.3 STREET                      | ADDRESS                        |   |   | )                               |
| CiTY~ST~Z:P  |  | 34. CITY-5                      | ST-ZIP                         |   |   |                                 |
| THE  | DELETE 4   | 4 1 TITLE                       |                                |   | Change                                    | Addition                        |
|  |  | 4 2 NAME                        |                                |   |   |                                 |
| STREET ADDRESS   | 4  | 4.3 STREET                      | ADDRESS                        |   |   |                                 |
| CITY - ST - ZIP  |  | 44 CITY-S                       | ST-ZIP                         |   |   |                                 |
| TYLE   | ☐ DELETE ☐   | 5 I TITLE                       |                                |   | Change                                    | Addition                        |
| NAME   |  | 52 NAME                         |                                |   |   |                                 |
| STREET ADDRESS   |  | 5.3 STREET                      | ADDRESS                        |   |   |                                 |
| CITY-ST-ZIP  |  | 5.4 CITY - S                    | ST - ZIP                       |   |   |                                 |
| TITLE  | DELETE   | 6.1 TITLE                       |                                |   | Change                                    | Addition                        |
| NAME.  | 6  | 6.2 NAME                        |                                | ·   |   |                                 |
| STREET ADDRESS   | . 6  | 6.3 STREET                      | ADDRESS                        |   |   |                                 |
| CITY-ST-ZIP  |  | 6.4 CITY - S                    | T-ZIP                          |   |   |                                 |

14. I do hereby certily that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE