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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078251

1. Corpora ion Name

MITLIN RESTAURANT CORP.	
Principal Place of Business	Mailing Address
7158 N BERACASA WAY N 5 BOCA RATON FL 33433	7158 N BERACASA WAY N 5 BOCA RATON FL 33433
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22	27
City & State	City & State

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90102 028 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/19/1996

2. Principal P	al Place of Business 2a. Mailing Address				4. FEI NUTIDEI				Api	p leu rui
21		26				65-06	99890		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- 0-44	te of Status Desired		\$8.75 A	k ditional
22		27				5. Ceruica	te or status Desired		Fee Re	quired
City & S'at	e	City & State				6. Election	Campaign Financing		\$5.00	May Be
23 (28				Trust F	and Contribution		Added to	o Fees
Zip	Coun ry	Zip	Countr	ry		8. This co	poration owes the cur	rent year Int	angible	
24	25	29	30			Person	al Property Tax.		Yes	[]No
	9. Name and Address of Curren		·			10. Name	and Address of New	Registere 1	Agent	
			8	1	Name					
	KELL, LAWRENCE J		8:	-	Stroot Add	togs (D.O. Boy	Number is Not Accept	ahle)		
7280 W PALMETTO PARK RD SUITE 202N			0	1	Street Au J	iess (F.O. Box	Number is Not Accept	abicy		
			8:	3						
BOC	A RATON FL 33433									
			8-	4	City			FL	85 Zip C	Xide
	to the provisions of Sections 607.050	2 and 607 1509 Florida Statut	es the above		named co	poration submit	this statement for the		changing its	registered
office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligat	o Florida Such change was a	uthorized b	ıv tr	ne corporati	ion's board of d	rectors. I hereby acce	pt the app x	ntment as rec	gi stered
SIGNATURE				_						
	Signature, typed or printed nar ie of registered agen			jent s	signature require	ed when reinstating)	NAME OF THE PROPERTY OF	DATE	ID DIDECTO	
12.		D DIRECTORS	13.			ADDITIC	NS/CHANGES TO OF	FICERS F	Change	Addition
TITLE	PTD	☐ DELETE	11 TITLE						Change	
NAME	HIMMEL, DAVID		1.2 NAME							
STREET ADDRESS	6969 W CALLE DEL PAZ		1.3 STRE	ET A	NOORESS					\
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-	1.4 CITY-ST-ZIP						
TITLE	SD	☐ DELETE	2.1 TITLE	2.1 TITLE					☐ Change	☐ Addition
NAME	GOLDSTEIN, ROSETTE		2.2 NAME	Е						ľ
STREET ADDRES S	7777 W KENWAY PL		2.3 STREE		ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY	2. 4 CITY-ST-Z						
TITLE		☐ DELETE	3.1 TITLE						Change	Addition
NAME			3.2 NAME	E						
STREET ADDRESS			3.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP			3.4. CITY							
TITLE		☐ DELETE	4.1 TITLE	_			· 		☐ Change	Addition
NAME			4, 2 NAM	E						
			43 STDE	ET A	ADDRESS					ļ
STREET ADDRESS			4.4 CITY-							
CITY-ST-ZIP TITLE		□ DELETE	5.1 TITLE	_					Change	☐ Addition
			5.2 NAME							
NAME					ADDRESS					ŀ
STREET ADDRESS										
CITY-ST-ZIP		[] or ere	5.4 CITY- 6.1 TITLE		ZIP				Change	Addition
TITLE		☐ DELETE	4		-				change	
NAME			6.2 NAME							
STDEET ADDDESS			6.3 STRE	ET/	ADDRESS					!

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 indicate 3 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 of 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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR