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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080473 (7)

1. Corporation Name
FLORIDA RESTAURANTS, INC.

Principal Place of Business
350 W CAMINO GARDENS BLVD. SUITE 201
BOCA RATON FL 33432

Mailing Address
350 W CAMINO GARDENS BLVD. SUITE 201
BOCA RATON FL 33432-5825



3. Date Incorporated or Qualified
09/27/1996

3a. Date of Last Report
N/A - INITIAL

4. FEI Number
65-0703879

Applied For
Not Applicable

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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 777 E. ATLANTIC AVE.

2a. Mailing Address
26 PO PAUL J. DALTON, CPA

Suite, Apt. #, etc.
22 BLDG. C / UNIT L-M

Suite, Apt. #, etc.
27 124 NO. MAIN ST.

City & State
23 DELRAY BEACH, FL

City & State
28 FORKED RIVER, NJ

Zip
24 33483

Country
25 USA

29 08731

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORMAN, MICHAEL J
350 W CAMINO GARDENS BLVD, SUITE 201
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NORMAN, MICHAEL J
350 W CAMINO GARDENS BLVD, SUITE 201
BOCA RATON FL 33432

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P
Change ☐ Addition ☒

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KING, BRIAN E
350 W CAMINO GARDENS BLVD, SUITE 201
BOCA RATON FL 33432

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DANIELLE K. KING
350 W CAMINO GARDENS BLVD, SUITE 201
BOCA RATON, FL 33432

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D
Change ☐ Addition ☒

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change ☐ Addition ☐

14. I do 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 or 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 on an attachment with an address.

SIGNATURE: *Michael J. Norman* PRES. MICHAEL J. NORMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

561-276-6379
Date
Daytime Phone #

CR2E034 (9/96)