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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90044 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080473

1. Corporation Name

FLORIDA RESTAURANTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**777 E ATLANTIC AVE
BUILDING C, UNIT L-M
DELRAY BEACH FL 33483
US**

Mailing Address
**C/O DALTON, PAUL J
124 N MAIN ST
FORKED RIVER NJ 08731
US**

3. Date Incorporated or Qualified

09/27/1996

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **500 Gulfstream Blvd**

2a. Mailing Address

Suite, Apt. #, etc.

22 **Suite 103**

23 **Delray Beach, FL**

24 **33483** 25 **USA**

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**KING, DANIELLE K
777 E ATLANTIC AVE
SUITE 100
DELRAY BCH FL 33483**

10. Name and Address of New Registered Agent

81 Name

King, Danielle K.

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

500 Gulfstream Boulevard, Ste 103

83

84 City

Delray Beach

FL

85 Zip Code

33483

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

TITLE **P** ☒ DELETE

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

TITLE **D** ☐ DELETE

NAME **KING, DANIELLE K**
STREET ADDRESS **777 E ATLANTIC AVE, #100**
CITY-ST-ZIP **DELRAY BCH FL 33483**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danielle K. King
President

(609) 971-1390
Daytime Phone #

CR2034 (11/98)