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Jan 22 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 # P96000084519 (3)

1. Corporation Name  
**DINE TO MEET YOU, INC.**



Principal Place of Business  
**2115 SOUTH OCEAN BLVD.  
#15  
DELRAY BEACH FL 33483**

Mailing Address  
**2115 SOUTH OCEAN BLVD.  
#15  
DELRAY BEACH FL 33483-6487**

3. Date Incorporated or Qualified  
**10/14/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1515 N. Federal Hwy**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Ste 300**

27

City & State

City & State

23 **Boca Raton, Florida**

28

Zip

Country

Zip

Country

24 **33432**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOTLER, MICHAEL I  
2115 SOUTH OCEAN BLVD.  
#15  
DELRAY BEACH FL 33483**

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 **D** ☐ DELETE  
NAME **KOTLER, MICHAEL I**  
STREET ADDRESS **2115 SOUTH OCEAN BLVD. UNIT 15**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

1.1 TITLE **Director/President** ☒ Change ☐ Addition  
1.2 NAME **Michael I. Kotler**  
1.3 STREET ADDRESS **1515 N. Federal Hwy Ste 300**  
1.4 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE **Lorenzo Sciortino, Dir./Secy/Treas** ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS **1515 N. Federal Hwy Ste 300**  
2.4 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Kotler**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/97**

**561-361-9600**  
Daytime Phone #

CR2E034 (9/96)