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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084519 (3)

DINE TO MEET YOU, INC.

Principal Place of Business Mailing Address 6501 NORTH FEDERAL HIGHWAY 2115 SOUTH OCEAN BLVD SUITE 7 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487 DELRAY BEACH FL 33483** 3. Date Incorporated or Qualified 10/14/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0707031 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **R1** Name KOTLER, MICHAEL I 2115 SOUTH OCEAN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL 33483 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 family with, and acceptified obtained is of, Section 607,0505, Florida Statutes. SIGNATURE **SIGNATURE** d name of regulared agent and title if applicable (NOT: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change NAME KOTLER, MICHAEL I 1.2 NAME 6501 N. Federal Huy ste 7 1515 N. FEDERAL HWY., SUITE 300 STREET ADDRESS 1.3 STREET ADDRESS Boca Raton, Fl 33487 **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE no Lorenzo N. Federal Phys. Ste. 7 Ratin, Pl. 33487 SCIORTINO, LORENTO 2.2 NAME 1515 N. FEDERAL HWY., SUITE 300 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CiTY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME

14. Thereby 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 afterchment with an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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STREET ADDRESS

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CITY-ST-ZIP

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NAME

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DELETE

CR2E034 (10/9

Addition

112/68 01.994-196

FILED

Apr 08 1998 8:00am

Secretary of State