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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094701 (5)

1. Corporation Name

CONVENIENCE RESTAURANTS, INC.



Principal Place of Business
515 NORTH FLAGLER DRIVE
SUITE 1704
WEST PALM BEACH FL 33401

Mailing Address
515 NORTH FLAGLER DRIVE
SUITE 1704
WEST PALM BEACH FL 33401-4329

3. Date Incorporated or Qualified 11/15/1996
3a. Date of Last Report

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number ☒ Applied For
Not Applicable

Suite, Apt. #, etc. 22
27
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State 23
28
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip 24
25
Country 29
30
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, LESLIE ROBERT P.A.
375 SOUTH COUNTY ROAD
SUITE 218
PALM BEACH FL 33480

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, BRUCE	1.2 NAME	DAWSON, BRUCE
STREET ADDRESS	515 NORTH FLAGLER DRIVE, SUITE 1507	1.3 STREET ADDRESS	711 North 108th Court
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	Omaha, NE 68154
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORLEY, RICARDO	2.2 NAME	CORLEY, RICARDO
STREET ADDRESS	515 NORTH FLAGLER DRIVE, SUITE 1507	2.3 STREET ADDRESS	Suite 1704
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELINSKY, RONALD	3.2 NAME	BELINSKY, RONALD
STREET ADDRESS	515 NORTH FLAGLER DRIVE, SUITE 1507	3.3 STREET ADDRESS	711 North 108th Court
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	Omaha, NE 68154
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORLEY, LESLIE M	4.2 NAME	CORLEY, LESLIE M
STREET ADDRESS	515 NORTH FLAGLER DRIVE, SUITE 1507	4.3 STREET ADDRESS	Suite 1704
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

RICARDO CORLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo Corley

2/20/97 (561) 833-5160

Date Daytime Phone #

0205960

CR2E034 (9/96)