

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90169 003 ***150.00

0096062

DOCUMENT # P96000102316

1. Corporation Name
DAVAL RESTAURANTS, INC.

Principal Place of Business
2900 4TH STREET N
B 103
ST PETERSBURG FL 33704
US

Mailing Address
5364 EHRlich ROAD
SUITE 396
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1996

4. FEI Number
59-3415753

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2900 4th St. N.

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 St. Petersburg, FL

24

25

29 Zip 33704

Country USA

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALHADEFF, ALBERT
5364 EHRlich ROAD
SUITE 396
TAMPA FL 33625

81 Name
Hal S. Sparks

82 Street Address (P.O. Box Number is Not Acceptable)
2900 - 4th Street North

83 B-103

84 City
St. Petersburg

85 Zip Code
FL 33704

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.

(NO Signature Required for Registered Agent Signature Required when reinstating)

DATE

03-09-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPS
NAME FRANCO, DAVID
STREET ADDRESS 5364 EHRlich RD., SUITE 396
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE PT
NAME ALHADEFF, ALBERT
STREET ADDRESS 5364 EHRlich RD., SUITE 396
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE President/Director
1.2 NAME Renato Frey
1.3 STREET ADDRESS 2900 - 4th St. N., B-103
1.4 CITY-ST-ZIP St. Petersburg, FL 33704

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

Date

Daytime Phone #

03-09-99

727-638-8951

CR2E034 (11/98)