


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

03-11-1999 90155 011 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P970000004507**

1. Corporation Name

**TONY'S RESTAURANT DISTRIBUTION SERVICES, INC.**

Principal Place of Business

 2200 GLADES ROAD  
 SUITE 1101  
 BOCA RATON FL 33431

Mailing Address

 2200 GLADES ROAD  
 SUITE 1101  
 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

65-0727126

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

Suite, Apt. #, etc.

23 City &amp; State

24 Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

28 City &amp; State

29 Zip Country

9. Name and Address of Current Registered Agent

 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

BOVA, ANTHONY &amp; LAURIE

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

2200 GLADES ROAD

83

BOCA RATON

84 City

BOCA RATON

FL

85 Zip Code

33431

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

1/24/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
 NAME D BOVA, ANTHONY  
 STREET ADDRESS 2200 GLADES RD, SUITE 1101  
 CITY-ST-ZIP BOCA RATON FL 33431
1.2 TITLE ☐ DELETE
 NAME D BOVA, LAURIE  
 STREET ADDRESS 2200 GLADES RD, SUITE 1101  
 CITY-ST-ZIP BOCA RATON FL 33431
1.3 TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.4 TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.5 TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.6 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 ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 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

Date

Daytime Phone #

3/11/99 561-392-5595

CR2E034 (11/98)