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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 10 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700005315 (1)

RESTAURANT INSURANCE SERVICES AND CONSULTING, IN C.

C,					
Principal Place of Business		Mailing Address		T 1004/464 110 1011/ 1064/ DENI BONK ESKIT DONN BOND BIKED NAST MAKT MEST	
6380 NORTHEAST 21ST ROAD		6360 NORTHEAST 21ST ROAD			
FORT LAUDERDALE FL 33308		FORT LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/13/1997	
<u> </u>	lace of Business	2a, Mailing Address		4. FEI Number 1962	Applied for
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		— — — — — — — — — — — — — — — — — — —	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Bo
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curre	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes I No
OD	EGORY, PETER ESQ.	aut Medisteren wäeur	81 Name	10. Name and Address of New Registere	а жуват
	AST CAMINO REAL STE 111B			Konk TRAINO	
	CA RATON FL 33429		82 Street Add	lress (P.O. Box Number is Not Acceptable)	+ Road
	ON 1811 ON 1 E 001E0		83	ac mr. a.	
			04 03		Test 7- 0-2- 5
			84 City	+ Landardale F	L 65 30 Sept
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the purpose	of changing its registered
agent I a	m familiar with and accept the obli	gation of Section 607.0505, F	lorida Statutes.	ntion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	full.	/veco	_	<i>f</i> -1	0.98
10	Signature, typed or printed name of registered a	Sent and bille if applicable. (NO ND DIRECTORS	II: Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	
12.	D OFFICERS AI	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME :	TRAINIO, FRANK		1.2 NAME		_ , _
STREET ADDRESS	6360 NORTHEAST 21ST RO	AD	1.3 STREET ADDRESS		
CITY+S1-ZIP	FORT LAUDERDALE FL 3336	08	1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 T/TLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Design	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STRFET ADDRESS		
CITY-ST-ZIP		T BELEZE	5.4 CITY-ST-ZIP		Ohana Later
TITLE		☐ DÉLETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby o	ertify that the information supplied	with this filing does not qualify t	64 CRY-ST-ZIP for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated	on this annual report or supplemen	tal annual report is true and ac	curate and that my signati	ire shall have the same legal effect as if made juired by Chapter 607, Florida Statutes; and the	under oath: that I am an

IGNATURE: Fort Thank P. TRATNO 4-10-58 772.5524