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

DOCUMENT # P97000007561 1, Corporation Name

II DINERS, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90072 002 ***150.00

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Principal Place of Business		Mailing Address			r enderedet ren innet innet unter in derei anter anter anter anter anter artie ariete innet innet innet		
1835 S ATLANTIC AVE #701 COGOA BEACH FL 32931		1835 S ATLANTIC AVE #701 COCOA BEACH FL 32931			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/21/1997		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For 59-3435244 Not Applicable		
26 26					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State	├-¬ ´´		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	' y	8. This corporation owes the current year Intangible		
24 25 29 30			<u>_</u>	Personal Property Tax. Yes No			
	9. Name and Address of C	urrent Registered Agent	10. Name and Address of New Registered Agent				
ANDERSON. BABETTE				81 Name			
1835 S ATLANTIC AVE #701			8	82 Street Address (P.O. Box Number is Not Acceptable)			
COCOA BEACH FL 32931			8	3			
			8	4 City	FL 85 Zip Code		
office or r	registered agent, or both, in the S	7.0502 and 607.1508, Florida Statutes, State of Florida. Such change was authobligations of, Section 607.0505, Florida	orized b	y the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A 12. OFFICERS AND DIRECTORS 13.					required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD DELETE 1.1TT				ABB/HONS/CHANGES TO OF FICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition .		
MADNING DATTI			1.2 NAM				

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2.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TLE	PSD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition	
AME	KORNBERG, PATTI		1.2 NAME			
TREET ADDRESS	650 N ATLANTIC AVE PH NO. 5		1.3 STREET ADDRESS			
T. ST-ZIP	COCOA BEACH FL 32931		1,4 CITY-ST-ZIP			
rle	VTD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition	
_	ANDERSON, BABETTE		2.2 NAME			
··_i ADDRESS	1835 S ATLANTIC AVE #701		2.3 STREET ADDRESS			
ST-ZIP	COCOA BEACH FL 32931		2.4 CITY-ST-ZIP			
_		☐ DELETE	3.1 TITLE	☐ Change	Addition	
_			3.2 NAME			
i ADDRESS			3.3 STREET ADDRESS			
ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>		
		☐ DELETE	4.1 TITLE	Change	Addition	
-			4. 2 NAME		j	
: ADORESS			4.3 STREET ADDRESS			
. ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>		
		DELETE	5.1 TITLE	☐ Change	Addition	
- (5.2 NAME		(
_ : AUDRESS			5.3 STREET ADDRESS		!	
ST-ZIP			5.4 CITY-ST-ZIP			
		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition	
1			6.2 NAME		į.	
T ADDRESS			6,3 STREET ADDRESS	·		
ST ZIP		•	6.4 C/TY-ST-Z/P			

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.