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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000022691 (4) DOCUMENT #

VALUE DINING INCORPORATED

APPROVED AND FILED

1993 JAN 29 PM 12: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						- 6 100011000 130 10136 16011 40132 00161 00311 005114 11	Bill sibib Billi	0   0   1   1   1   1   1   1
	FEDERAL HWY RDALE FL 33306	2750 NORTH FEDERAL HWY FORT LAUDERDALE FL 33306						
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 03/12/1997		
	lace of Business	2a. Mailing Address				4. FEI Number 65-0'73 7920	h	Applied For
Sulte, Apt.	# Atc	Suite, Apt. #, etc.				43 0131720		Not Applicable Additional
22		27				5. Certificate of Status Desired		Required
City & State		City & State				6. Election Campaign Financing		O May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	├─ <b>┐</b> `		Country		8. This corporation owes or has paid the co		
24	25 Name and Address of Current	Popletered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent					Name	10. Haine and Address of New Registered	Manr	
CHRISTIANSEN, MICHAEL E 2750 NORTH FEDERAL HWY				LL				
	RT LAUDERDALE FL 33306			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
				83				
				84	City		85 Zir	Code
					·	Fi		
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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								
					nt signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDEOTA	550 141 46
12.	D OF ICERS AND	DELETE	13.		<del>1</del>			
NAME	MARKLEY, STEVE 12N				800002421			
STREET ADDRESS	P.O. BOX 290276				ADUBECC	-02/04/980		
CITY-ST-ZIP	FT LAUDERDALE FL 33329			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		***150.00	赤赤布布上	30.00
TITLE	D DELETE 211			- 211		Change	Addition	
NAME	ONICEDIAN DON		2.2 NA					
STREET ADDRESS	349 GRECO AVENUE				ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146		2.40					
TITLE	Ū Ū	DELETE 3.1 TO					Change	Addition
NAME	SINGERMAN, GILBERT		3.2 NA	ME			v	]
STREET ADDRESS	1920 S BELVOIR		3.3 STREE		ADDRESS			
CITY-ST-ZIP	S. EUCLID OH 44121		3 4. C	TY-SI	I - ZIP			J
TITLE		. DELETE	4.1 TITLE				Change	Addition
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CITY-ST-ZIP			5.4 Ci	Y-ST	- ZiP			o
TITLE		☐ DELETE	61 TITLE				Change	Addition
NAME			62 NA	ME			~ US	(2/98)
STREET ADDRESS			6.3 ST	REET A	ADDRESS :		1/2	י וענ
CITY-ST-ZIP			6.4 CI	Y- \$1	- ZIP		· ·	

Thereby 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 supplements annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the region 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 arachment with an address.

STEUE MARKEEY

[GNATURE:

SIGNATURE: