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

DOCUMENT # P97000026153 (1)

RYSTEAD RESTAURANTS, INC.

Principal	Place of	Business	

FILED Jan 29 1998 8:00am Secretary of State



ranciparriac	O OI DUSTIOS	0	Maini	g Address									
STE. 2 1005 RUSSELL DR. HIGHLAND BEACH FL 33487			STE. 2 1005 RUSSELL DR. HIGHLAND BEACH FL 33487										
									[TIRW TON OC	E IN THIS	SPACE	
								3.	Date Incorporate	d or Qualified			
									03/24/1997				/
2. Principal P	tace of Busin	ness	2a. Ma	iling Address				4.	FEI Number			V	Applied For
21			26										Not Applica
Sulte, Apt.	#, etc.		Sui	ite, Apt. #, etc.					Certificate of Stat	Luc Desired		\$8.75	Additional
22			27					_ 8.	Certificate of Stat	ius Desireu	ш	Fee I	Required
City & State	ө		Cit	y & State				6.	Election Campaig	gn Financing		\$5.0	0 May Be
23			28						Trust Fund Contri	ibution			d to Fees
ー ^{Zip}		C o untry	Zip	ı	Cour	ntry		8.	This corporation	owes or has p	aid the cui	ront year I	ntangible
24		25	29		30				Personal Property			•	□ No
	9. Name	and Address of	Current Registere	d Agent		1		10.	Name and Addre	ess of New R	egistered	Agent	
FILI	in gs, inc.				'	B1	Name						
373	32 N.W. 16	TH STREET			la la	82	Street A	ddress (P	O. Box Number is	s Not Accepta	ble)		
FT.	LAUDERD	ALE FL 33311-	4132		L		Street Address (P.O. Box Number is Not Acceptable)						
					Į.	B3							
					l.	B4	City					lan Z	
							City				FL	85 Zip	Code
11. Pursuant I	to the provis	ions of Sections (607.0502 and 607.1	508, Florida Statu	tes, the abo	ovo-	named o	orporation	submits this stat	ement for the	D. 160000 0	changing	its register
orrice or ri	egi ste red ag m (a miliar wi	ent, or p oth, in th th, and accept th	ne State of Florida. Sine obligations of, Se	Such change was ction 607.0505. Fl	authorized orida Statu	by t ites.	he corpo	oration's b	oard of directors.	I hereby acce	pt the app	ointment a	s registered
SIGNATURE			5										
SIGNATORE	Signature, typed	or print ed n ame of regi	stered agent and title if app	dicable. (NOI	F: Registered	Agent	signature n	quired when	roinstating)		DATE		
12.		OFFICE	RS AND DIRECTOR	RS	13.			A	DDITIONS/CHAN	GES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	D			DELETE	1.1 TITL	F						Change	Addit
NAME	MCCLIN	TOCK, HARVEY	<i>t</i>		1.2 NAM	AE.							
STREET ADDRESS	\$TE. 2 1	1005 RUSSELL	DR.		13 STA	EET AL	ODRESS						
CITY-ST-ZIP	HIGHLA	ND BEACH FL	33487		1.4 D/TY	/-SI-	ZIP						
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STREET ADDRESS					2.3 STRI	EE1 AE	ODRESS						
CITY-ST-ZIP					2. 4 CIT	Y-SI-	71P						
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NAME					3.2 NAM	Œ	ľ						
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CITY-ST-ZIP					3 4. CITY		1						
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NAME					4. 2 NAN								
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NAME					6.2 NAM				-01/30/				Muniti
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		1		1	6 3 STRE		- 1		e e e a sasse s	n" 1m"			
CITY-ST-ZIP 14. hereby ce	ertify that the	information	nlight with this files	dods not qualify to	6.4 City	-51- <i>i</i>	n stated	in Section	110 07/20// 1/0	ida Statuton I	further co	difu that the	n informati-
indicated of	on this annua	logue to recentle	ffe alannya epo	ort s true and acc	urate and t	that	my signa	iture shall	have the same le	gal effect as i	f made und	iny manan Jeroath; th	e imormatio iat Lam an
officer or d Block 12 o	irector of the	compranop or t	olid with this twng grie/ alvannya/ jepo gelghtely@yor guste ar avacilywent/with	eyempowered to	execute thi	s rep	port as re	equired by	Chapter 607, Flo	rida Statutes;	and that n	y name ar	opears in
D19011 12 0		C. P. SOURCE CITY	~7 7 9 9 WY C W W U	y addipos.					, ,			7 1 -	

is not qualify the exhibitor stated in Section 119.07(3)(i), Floring statutes, i further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under calls, that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in