

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

PROFIT CORPORATION ANNUAL REPORT 1998	THE STATE OF FLORIDA FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000057230 (9)	
1. Corporation Name PAPINE'S PLACE TAKE-OUT RESTAURANT, INC.	



FILED
Aug 17 1998 8:00am
Secretary of State



Principal Place of Business 91 SW 40TH AVE PLANTATION FL 33317	Mailing Address 91 SW 40TH AVE PLANTATION FL 33317
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 91 SW 40th Ave Suite, Apt. #, etc. 22	2a. Mailing Address 26 91 SW 40th Ave Suite, Apt. #, etc. 27
City & State 23 Plantation FL Zip 33317	City & State 28 Plantation FL Zip 33317
Country	Country 29 Broward
30 Broward	
9. Name and Address of Current Registered Agent ROYES, ROYES 91 SW 40TH AVE PLANTATION FL 33317	
10. Name and Address of New Registered Agent 81 Name Muriel Royes 82 Street Address (P.O. Box Number is Not Acceptable) 2041 NW 28th Terrace 83 City & State Fort Lauderdale 84 City FL Zip Code 33311	

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)

08/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROYES, MURIEL 2041 NW 28TH TERR PLANTATION FL 33311	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP President Muriel Royes 2041 NW 28th Terrace Fort Lauderdale, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
		4000002620444 -08/20/98--01006--005 ***150.00

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.

SIGNATURE

CR2E034 (10/97)

PG
8.17

954
301-888-