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 # P9700060984

1. Corporation Name

FOUR SEASONS RESTAURANT INC.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90011 050 ***150.00



Principal Place of Business			Mailing Address							
8229 W SUNRISE BLVD			8229 W SUNRISE BLVD							
PLANTATION FL 33322			PLANTATION FL 33322				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed]
							07/11/1997			l
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	TA	pplied For	1
21		<u> </u>	26				65-0773614	<u> </u>	ot Applicable	1
Suite, Apt.	#. etc.	201	Suite, Apt. #, etc.						Additional	1
22		27	27				5. Certificate of Status Desired	Fee R	equired	Ì
City & Stat	e		City & State	·			6. Election Campaign Financing	\$5.00	May Be	1
23		28					Trust Fund Contribution		to Fees	
Zip	Country		Zip	Cou	ıntry		8. This corporation owes the current year	ntangible		Į
24	25	29		30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curr	ent Regis	tered Agent		!		10. Name and Address of New Registere	d Agent		
CAL	UDAN HOUSEAN				81	Name	•			l
	HRAN, HOUSSAM				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
	19 BOYNTON PLACE CIRCLE									
BUY	'NTON BEACH FL 33437				83	•				
					84	City		85 Zip	Code	1
						•	F	L `]
11. Pursuant	to the provisions of Sections 607.0	502 and 6	07.1508, Florida Statu	ites, the a	bove	-named corpo	oration submits this statement for the purpose	of changing its	s registered	1
office or r	egistered agent, or both, in the Stat im familiar with, and accept the oblig	te of Florid pations of,	la. Such change was a Section 607.0505, Flo	autnorize orida Stat	a by t tutes.	ine corporatio	on's board of directors. I hereby accept the app	ountment as re	egistered	
SIGNATURE	,									
SIGNATURE										1
	Signature, typed or printed name of registered a	gent and title	if applicable. (NOT	E: Registered	d Agent	signature required				آ ا
12.	OFFICERS A		CTORS	13.	:	signature required	ADDITIONS/CHANGES TO OFFICERS			90,1
12.	OFFICERS A				:	t signature required	,	AND DIRECTO	ORS IN 12	(41/00)
	OFFICERS A P FAKHRAN, HOUSSAM	AND DIRE	CTORS	13.	ITLE	signature required	,			13/ (11/09)
TITLE	P FAKHRAN, HOUSSAM 10419 BOYNTON PLACE CIR	AND DIRE	CTORS	13. 1.1 Ti 1.2 N	ITLE AME	ADORESS	,			DE024 (41/09)
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CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: