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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P97000073011 **DOCUMENT #**

1. Corporation Name

Principal Place of Business

DEERFIELD RESTAURANT, INC.

100 South Military Trail Deerfield Beach FL 33438		100 South Military Trail Deerfield Beach FL 33438				DO NOT WRITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed 08/22/1997		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0778662		Not Applicable
Suite, Apt. i	¢, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	,	5 Additional Required
City & State)	City & State				6. Election Campaign Financing Trust Fund Contribution St.00 May Be Added to Fees		
23 Zip	Country	Zip	Col	untry		8. This corporation owes the current year Ir	ntangible	
24	25 29 30		30]		Personal Property Tax.	☐ Yes	□No
<u> </u>	9. Name and Address of Curren			T		10. Name and Address of New Registered	d Agent	
				81	Name			
	SBERG, RAY SOUTH MILITARY TRAIL			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	RFIELD BEACH FL 33438			83				
				84	City	FI	85 Z	ip Code
SIGNATURE	n familiar with, and accept the obligation of th	nt and title if applicable. (NO	TE: Registere	d Agen		ed when reinstating) DATE		7000 11 40
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE		MLE			Chanç	ge
NAME	FASSBERG, RAY			AME				1
STREET ADDRESS	100 SOUTH MILITARY TRAIL		1.3 8	TREET	ADDRESS			Ì
CITY-ST-ZIP	DEERFIELD BEACH FL 33438			1.4 CITY-ST-ZIP			[] Chang	ge Addition
TITLE				MLE			□ Citané	ge
NAMÉ	FASSBERG, ETHEL			2.2 NAME				
STREET ADDRESS	100 SOUTH MILITARY TRAIL				ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33438			2. 4 CITY+ST-ZIP 3.1 TITLE			Chang	ie [*] Addition
TITLE			3.2 NAME				<u> — </u>	
NAME STREET ADORESS					ADORESS			
CITY-ST-ZIP				CITY-S				
TITLE		☐ DELETE		TITLE			Chang	ge Addition
NAME			4. 2	NAME				
STREET ADDRESS			4.3 9	STREET	ADDRESS			
CITY-ST-ZIP			4.4 (CITY-S	T-ZIP]
TITLE		☐ DELETE	5.11	ITTLE			☐ Chark	ge
NAME			5.2	NAME				
STREET ADDRESS			5.3 \$	STREET	ADDRESS			ì
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE		☐ DELETE		ITTLE			☐ Chan	ge
			624	IABIE	ı			i

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 carpolation 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90190 032 ***150.00