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 # P97000090762

1. Corporation Name

D & T RESTAURANT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1075 1/2 N COLLIER BLVD MARCO ISLAND FL 34145 US	360 HORSE CREEK DR., UNIT 206 NAPLES FL 34110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/22/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21	26 *6863 SATINLEAF RD. S.*	**59-3475948**		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 *#101*	5. Certifcate of Status Desired ☐		$8.75 Additional Fee Required
City & State 23	City & State 28 *NAPLES FL*	6. Election Campaign Financing ☐ Trust Fund Contribution		$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 *34109*	Country 30 *USA*	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORRIS, WILLIAM G 247 N. COLLIER BLVD., STE. 202 MARCO ISLAND FL 34145	81 Name *DANIEL DIETRICH* 82 Street Address (P.O. Box Number is Not Acceptable) *6863 SATINLEAF RD. S. #10W* 83 84 City *NAPLES* FL 85 Zip Code *34109*

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 _____ DATE *4/23/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIETRICH, DANIEL		1.2 NAME	*6863 SATINLEAF RD. S. #101*	
STREET ADDRESS	360 HORSE CREEK DR., UNIT 206		1.3 STREET ADDRESS	*NAPLES FL 34109*	
CITY-ST-ZIP	NAPLES FL 34110		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TEETERS, SHAWN		2.2 NAME		
STREET ADDRESS	1382 WILDWOOD LAKES BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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.

SIGNATURE: _____ *4/23/99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)