

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90104 017 ***150.00

DOCUMENT # P98000010637

1. Corporation Name

CYMBAL FAMILY RESTAURANT, INC.

Principal Place of Business

MACDONALDS, 4260 SR
WINTER PARK FL 32792

Mailing Address

MACDONALDS, 4260 SR
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1998

4. FEI Number

59-3496556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 FAST FOOD RESTAURANT

2a. Mailing Address

26 3475 ROCKCLIFF PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

28 LONGWOOD FL

Zip

Country

Zip

Country

29 32779 30

9. Name and Address of Current Registered Agent

WOLF, LARRY
200 - A JOHN KNOW RD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name HERBERT B. LAWRENCE

82 Street Address (P.O. Box Number is Not Acceptable)
3475 ROCKCLIFF PLACE

83

84 City LONGWOOD FL 85 Zip Code 32779

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LAWRENCE, HERBERT
STREET ADDRESS MACDONALDS, 4260 SR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ DELETE

NAME LAWRENCE, PAULA
STREET ADDRESS MACDONALDS, 4260 SR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME HERBERT LAWRENCE

1.3 STREET ADDRESS 3475 ROCKCLIFF PLACE

1.4 CITY-ST-ZIP LONGWOOD FL 32779

2.1 TITLE SECRETARY ☒ Change ☐ Addition

2.2 NAME PAULA LAWRENCE

2.3 STREET ADDRESS 3475 ROCKCLIFF PLACE

2.4 CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

HERBERT LAWRENCE 4/20/99 824-9683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0569206