## 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 # P98000021940

1. Corporation Name

**GUEST RESTAURANTS, INC.** 

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90077 033 \*\*\*150.00



Principal Place of Business Mailing Address							
1900 CORPORATE BLVD 1900 CORPORATE BLVD							
SUITE 201. EAST BUILDING SUITE 201. EAST BUILDING					DO NOT WOITE IN THE COA	DA MOT MORE IN THIS SPACE	
BOCA RATON FL 33431 BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					03/06/1998		
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
	r Restaurausis	26 2000 P. 6. A	<u> ,                                   </u>	-00	65-0826990	Not Applicable	
Suite, Apt.	· ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional	
	P.6.4 BAUD.	27				Fee-Required	
City & State		City & State				5.00 May Be	
23 PALM	BCH. GARDENS FL	28 PALM BCH. G.			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	.5.4	8. This corporation owes the current year Intangit	_	
24 3341	6 25 U.S.A.	29 334/0 30	<u>,                                     </u>	٠٥٠,٣٠	1 bibblian 1 lapolity tarm		
	9. Name and Address of Current I	Registered Agent		T	10. Name and Address of New Registered Age	<u> </u>	
81 Name					JAMES K. TAUBL		
Brede, J. Daniel 1900 Corporate BLVD Suite 201, East Building				82 Street Address (P.O. Box Number is Not Acceptable)			
					75 A.A. N.	<del></del>	
				·[			
BOCA RATON FL 33431			84	Cib	91	Zip Code_	
			64	City	Jupitae FL  °	33477	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the purpose of char	ging its registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	i Florida. Such change was auth	iorized by	the corpo	oration's board of directors. I hereby accept the appointme	nt as registered	
agent. i a	m laminar with, and at Lapt-the obligatio	wis or, decalor dor loods, rional	a Otaluici				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Age	nt signature re	required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12	
TITLE	DIRECTOR -OFFICERS		1.1 TITLE			Change	
NAME	TAUBE, JAMES K		1.2 NAME		DEBOLOH THUSE (C.	46124C	
STREET ADDRESS	1075 A1A NORTH		1.3 STREE	TADDRESS	1075 A.I.A. NORTH		
	JUPITER FL 33477		1.4 CITY-5		JUPITER, FL 33477		
CITY-ST-ZIP TITLE	OF TENTE SOATT	DELETE	2.1 TITLE	31-211		Change	
			2.2 NAME		FAITH THORE		
NAME				T ADDRESS	كالمستمين ممما	PRIGINAL	
STREET ADDRESS				I	JUPITER PL. 33477		
CITY-ST-ZIP		□ BELETE	2. 4 CITY-	ST-ZIP		Change Addition	
TITLE		□ DELETE	3.1 TITLE	Ì	. "	Overside Diseased	
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change Addition	
TITLE		☐ DELETE	4.1 TITLE		, □	Change Addition	
NAME			4 2 NAME	}			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	_	<u></u>	4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	7	· . □	Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP		'	5.4 CiTY-5	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME		_	6.2 NAME				
				T ADDRESS	,	i i	
STREET ADDRESS			3.00		,		

14. 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

861-743-8166