## 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 # P98000025060

1. Corporation Name

MJM DINER & DELI, INC.

## Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90022 040 \*\*\*150.00



Principal Place	of Business	Mailing Address		F 10051005; ICM (MIN) 1011; MDIST DOTIL BOTH SOLID STATE OBLIG OBLIG OBLIG OBLIG	
·		2880 S OCEAN BLVD			
PALM BEACH FL 33480		PALM BEACH FL 33480			
				•	
2. Principal Pl	ace of Business	2a. Mailing Address			
21		26			
	#, etc.	<del>  -  </del>		E Contiferate of Status Desired	
22					
City & State	•	<del> </del>		1	
23			Country		
<b>├</b>	·	·	¬ ´		
24			<u> </u>		
81 Name A4 V - /					
ANDEDSON TIMOTHY K ESO					
Zip  Zip  Zip  Zip  25  29  9. Name and Address of Current Registered Agent  ANDERSON, TIMOTHY K ESQ. 631 US HWY 1, #404 NORTH PALM BEACH FL 33408  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, profacced the obligations of, Section 607.0505, Florida Statut of Signature.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			93	0 00 700.00 - Gree	
HOR	ITT FALIN DEACHT I E 55400		03		
			84 City 00	1/10 85 2020 (71)	
			74		
11. Pursuant t	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  3. File Number  4. File Number  4. File Number  5. Confidence of Status Desired  5. Confidence of Status Desired  5. Substance  6. Election Campaign Financian  6. Substance  7. Date Incorporated or Qualified  7. Substance  8. File Number  8. This corporation observed or Status Desired  7. Substance  8. Substance  9. Substa				
agent. I ar	Applied Fig.   Applied Fig.				
	MILLEUMO			7/27/7/	
Spring Typed or pMiled 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					
1	_	C) DELETE			
_			l i		
STREET ADDRESS					
CITY-ST-ZIP				Change Addition	
TITLE	_	☐ DELETE		C) Citarige	
NAME	•		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		1	Character Charac	
TITLE	D	∐ DELETE	31 TITLE	☐ Change ☐ Addition	
NAME	METZ, JOHN C		3.2 NAME		
STREET ADDRESS	2880 S OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Additi	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additi	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Additi	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
OILI-OI-ZIF					

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.