

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90089 021 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**DOCUMENT # P98000047289**

1. Corporation Name  
**ZZ BISTROS, INC.**

Principal Place of Business  
**800 CORPORATE DRIVE #420**  
**FORT LAUDERDALE FL 33334**

Mailing Address  
**800 CORPORATE DRIVE #420**  
**FORT LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/27/1998**

4. FEI Number **65-0840229** 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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **6505 NW 78 PL**

27 Suite, Apt. #, etc.

28 **PARKLAND, FL**

29 **33067** 30 **USA**

9. Name and Address of Current Registered Agent

**NADEL, HOWARD B**  
**800 CORPORATE DRIVE #420**  
**FORT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name **HOWARD HAMOWITZ**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6505 NW 78 PL**

83

84 City **PARKLAND** FL 85 Zip Code **33067**

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]*  
 Signature, typed or printed name of registered agent and date if applicable

*[Signature]*  
 (NOTE: Registered Agent signature required when reinstating)

DATE

**4-25-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
**RESIDENT**  
 1.2 NAME **HOWARD HAMOWITZ**  
 1.3 STREET ADDRESS **6505 NW 78 PL**  
 1.4 CITY-STATE-ZIP **PARKLAND, FL 33067**

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HOWARD HAMOWITZ**  
 Date

**4-25-99 (954) 341-7805**  
 Telephone Phone #

CR2E034 (11/98)