PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094235

1. Corporation Name

F & B BISTRO, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90118 009 ***150.00



Principal Place of Business Mai		Mailing Address		4 INCHINDOLLIA ENSILIARIA POLIN DOLIN DOLIN DONIS BOLIN DOLIN OCOSO MODEL SINGL DINI (TON		
\		C/O TRENDS BISTRO				
C/O TRENDS BISTRO C/O TRENDS BISTRO 4900 LINTON BOULEVARD 4900 LINTON BOULEVARD						
DELRAY BEACH FL		DELRAY BEACH FL		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
<u> </u>				11/03/1998	··- 	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		olied For
21 26			65-0874407		Applicable -	
Suite, Apt. #, etc. Suite, Apt. #, et		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22 27				0.000	Fee Red	·
City & State		City & State		6. Election Campaign Financing	\$5.00	• [
23				Trust Fund Contribution	Added to	Fees
Zip			Country	8. This corporation owes the current year Intangible		
24	25	29 30	<u> </u>			□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	gent	
DUBOSAR, HOWARD D ESQ			81 Name			ļ
			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
GREENBERG AND TRAURIG						[
2255 GLADES ROAD, SUITE 419A			83			
BOCA RATON FL 33431		84 City		85 Zip C	ode	
				FL_	L	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above-named cor	poration submits this statement for the purpose of ch	nanging its	registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	or Florida. Such change was auth tions of, Section 607.0505, Florida	ionzed by the corporat a Statutes.	ion's board of directors. I hereby accept the appoint	mem es reg)istereti
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agent signature requir			
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	PASSALACQUA, BASIL		1.2 NAME (1.11)			
STREET ADDRESS	TADDRESS C/O 10555 DIEGO DRIVE SOUTH, MASIMO'S		1.3 STREET ADDRESS	1		,
CITY+ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	- 	Change	Addition
NAME	SHOUP, FERIAL		2.2 NAME			
STREET ADDRESS	A 31 B-111A 141312	1	2.3 STREET ADDRESS			l
CITY-ST-ZIP	BOCA RATON FL 33486		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			İ
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		-	4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
(}		4.4 CITY-ST-ZIP			ļ
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	<u> </u>	Change	Addition
NAME		<u></u>	5.2 NAME			
1	Į.		5.3 STREET ADDRESS	· ·		
STREET ADDRESS			5.4 CITY-ST-ZIP			i
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change	☐ Addition
TITLE		T) OFFEIT	6.2 NAME			
NAME	!		ATT LAKET			
STREET ADDRESS	Ì		6.3 STREET ADDRESS			

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 reports required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address with all other like empowered.

SIGNATURE:

CR2E034 (11/98)