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May 08, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT* 5 CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S12274

1. Corporation Name

Principal Place of Business

TUCSON RESTAURANT, INC.

15201 ROOSEVELT BLVD STE 112 CLEARWATER FL 33760 US		15201 ROOSEVELT BLVD. STE 112 CLEARWATER FL 33760 US	STE 112 CLEARWATER FL 33760		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/13/1990			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3039806	<u> </u>	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		-	5. Certificate of Status Desired		Additional Required	
City & State	e	City & State	_		6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
Zip	Country 25	Zip	Country 30	/	8. This corporation owes the current year Intang Personal Property Tax.	gible] Yes	□No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered Ag	ent		
·		 	81	Name			┐	
RUBIN, LESLIE A 15201 ROOSEVELT BLVD			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
STE	-		83					
CLEARWATER FL 33760			84	City	FI	85 Zij	Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	the corpora	orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointment	anging i nent as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and tritle if applicable. (NOTE: I	Registered Age	nt signature req	uired when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	ORS IN 12	
TITLE	DVS	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	RUBIN, LESLIE A		1.2 NAME					
STREET ADDRESS	1700 COCOMICT T DIAM OTT 440		1.3 STREE	TADDRESS				
CITY-ST-ZIP	CLEARWATER FL		1,4 CITY-5	ST-ZIP	3,	3 J (60	
TITLE	OP	☐ DELETE	2.1 TITLE	_		Chang	Addition	
NAME	MAISANO, SAM J		2.2 NAME					
STREET ADDRESS	15201 ROOSEVELT BLVD SUI	TE #112	2.3 STREE	T ADDRESS				
A			2. 4 CITY-					
TITLE		☐ DELETE	3.1 TITLE	-		Change	e Addition	
NAME			3.2 NAME					
STREET ADDRESS				TADORESS			j	
CITY-ST-ZIP			34. CITY-					
TITLE		☐ DELETE	41 TITLE			Change	3 Addition	
NAME			4, 2 NAME				l	
STREET ADDRESS				T ADDRESS			}	
			4.4 CITY-5				1	
CITY-ST-ZIP TITLE			5.1 TITLE	J -∡ -		Change	Addition	
1		DELETE			I.			
		☐ DELETE	5.2 NAME		L			
NAME		☐ DELETE	5.2 NAME	T ADDRESS	L			
STREET ADDRESS		□ DELETE	5.2 NAME 5.3 STREE	· 1	L			
STREET ADDRESS		_	5.2 NAME	· 1			e Addition	
STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREE 5.4 CITY-5	· 1		Chang	e [] Addition	

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with the 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 supplements 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 of the receiver of 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 an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRSAM Maisano

727-530-0637