FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S18496** **(7)**

1. Corporation Name
SUN CITY DINER, INC.

Principal Place of Business	Mailing Address
2424 N. FEDERAL HIGHWAY SUITE 353 BOCA RATON FL 33431	2424 N. FEDERAL HIGHWAY SUITE 353 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1990
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business	2a. Mailing Address
21 3700 AIRPORT RD	26 3700 AIRPORT RD
Suite, Apt. #, etc. 22 SUITE 304	Suite, Apt. #, etc. 27 SUITE 304
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33431 Country 25 PALM BEACH	Zip 29 33431 Country 30 PALM BEACH

4. FEI Number: 65-0248584 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KANOUSE, KEITH J
2424 N. FEDERAL HIGHWAY
SUITE 353
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

01 Name: NICHOLAS BIMONTE
02 Street Address (P.O. Box Number Is Not Acceptable): 2255 GLADES RD
03: SUITE 128A
04 City: BOCA RATON FL 05 Zip Code: 33431

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: _____ NICHOLAS BIMONTE 6/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BIMONTE, NICHOLAS	1.2 NAME	
STREET ADDRESS	2255 GLADES RD. #128A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	BIMONTE, NICHOLAS	2.2 NAME	
STREET ADDRESS	2255 GLADES RD. #128A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ NICHOLAS BIMONTE 6/30/95 407 994 2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0285804 CP