FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S21134** **(9)**

1. Corporation Name

SAL'S RESTAURANT, INC.

Principal Place of Business	Mailing Address
HIGHWAY 491 AND 41 HOLDER FL 34445 US	P.O. BOX 185 HOLDER FL 34445 US

3. Date Incorporated or Qualified: 12/24/1990
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21: 4105 N LECANTO Hwy
22: Suite, Apt. #, etc.
23: City & State: BEVERLY Hills FL
24: Zip: 34465 25: Country: CITRUS

2a. Mailing Address
26: P.O. Box 185
27: Suite, Apt. #, etc.: HOLDER
28: City & State: FL
29: Zip: 34445 30: Country: CITRUS

4. FEI Number: 59-3049091 ☐ 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

FRASER, ARNOLD
606 S.E. 1ST AVENUE
OCALA FL 32671

R.ITA WECKESSER
10 N MELBOURNE
BEVERLY Hills FL
34465

10. Name and Address of New Registered Agent

81 Name: RITA WECKESSER EA
82 Street Address (P.O. Box Number is Not Acceptable): 10 N. MELBOURNE ST
83
84 City: BEVERLY HILLS 85 Zip Code: FL 34465

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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.

X SIGNATURE: Rita Weckesser — 1/21/96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PISTONE, BERNARDO 292 VICTONIA LN HOLDER FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 5235 N. CLIFF DRIVE BEVERLY HILLS, FL 34465
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PISTONE, MARIA 292 VICTONIA LN HOLDER FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 5235 N. CLIFF DRIVE BEVERLY HILLS, FL. 34465
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

X **SIGNATURE:** Bernardo Pistone — 1/21/96 DATE — 904-746-1770 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR