

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 # S36235

(7)

1. Corporation Name

TRIO'S RESTAURANT, INC.



Principal Place of Business

1170 THIRD STREET SOUTH
SUITE F-103
NAPLES FL 33940

Mailing Address

1170 THIRD STREET SOUTH
SUITE F-103
NAPLES FL 33940

3. Date Incorporated or Qualified
03/04/1991

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEBERFARB, STANLEY J.
801 12TH AVENUE SOUTH
NAPLES FL 33940

81

Name DAWN MAHONEY

82

Street Address (P.O. Box Number is Not Acceptable)

83

1463 GORDON DRIVE

84

City NAPLES

FL

85

Zip Code 33946

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

Dawn Mahoney
Signature, typed or printed name of registered agent (if a title, first and last name)

(NOTE: Registered Agent's signature required when registering)

4-25-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BARNETT, JEFFREY
STREET ADDRESS 816 104TH AVE. NORTH
CITY-ST-ZIP NAPLES FL
☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME DRUCKER, SUSAN
STREET ADDRESS 4775 CRAYTON RD
CITY-ST-ZIP NAPLES FL 33940
☒ DELETE

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

TITLE DS
NAME MAHONEY, JOHN C
STREET ADDRESS 761 9TH AVENUE NORTH
CITY-ST-ZIP NAPLES FL 33963
☐ DELETE

3.1 TITLE PRESIDENT
3.2 NAME JOHN MAHONEY
3.3 STREET ADDRESS 1463 GORDON DRIVE
3.4 CITY-ST-ZIP NAPLES, FL 33940
☐ Change ☐ Addition

TITLE
NAME TREASURER DAWN MAHONEY
STREET ADDRESS 1463 GORDON DRIVE
CITY-ST-ZIP NAPLES, FL 33940
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
400001799994
-04/29/96--01109--051
***200.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

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: *Dawn M Mahoney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96 941-649-8333
SG-4-29-96
DATE DAYTIME PHONE #

CR2E034 (12/95)