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FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S48789** (9)
1. Corporation Name
WOODS WALK RESTAURANT, INC.



Principal Place of Business
**8835 LAKEWORTH RD
BAY 4 & 5
LAKE WORTH FL 33467
US**

Mailing Address
**4793 NORTH CONGRESS AVENUE
SUITE 6
LANTANA FL 33462-5837
US**

3. Date Incorporated or Qualified
04/30/1991

3a. Date of Last Report
03/06/1996

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26 **6601 Lyons Road**

Suite, Apt. #, etc.
27 **Suite I-9**

City & State
28 **Coconut Creek, FL**

Zip
29 **33073**

Country
30 **Broward**

4. FEI Number
65-0266200

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

**STELLINO, SALVATORE
4793 NORTH CONGRESS AVENUE
SUITE 6
LANTANA FL 33462**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6601 Lyons Road,

83 Suite I-9

84 City
Coconut Creek **FL** **85** Zip Code
33073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
PST ☐ DELETE

NAME
STELLINO, SALVATORE

STREET ADDRESS
4793 N. CONGRESS AVE#6

CITY-ST-ZIP
LANTANA FL

TITLE
☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
PST ☒ Change ☐ Addition

1.2 NAME
Stellino, Salvatore

1.3 STREET ADDRESS
6601 Lyons Road, Suite I-9

1.4 CITY-ST-ZIP
Coconut Creek, FL 33073 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

[Signature]

1/12/97 954 477 1559

CR2E034 (9/96)