

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 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 # **S68729** (0)  
1. Corporation Name  
**AMI RESTAURANTS, INC.**



Principal Place of Business

**218 DOOLITTLE ST.  
ORLANDO FL 32839  
US**

Mailing Address

**218 DOOLITTLE ST.  
ORLANDO FL 32839-1474  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**07/22/1991**

3a. Date of Last Report

**08/08/1996**

4. FEI Number

**59-3076939**

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

**MANTZARIS, DANIEL F.  
120 SOUTH ORANGE AVENUE  
ORLANDO FL 32802**

10. Name and Address of New Registered Agent

81 Name

**Philip L. Logas, Esq.**

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

**34 East Pine Street**

83

84 City

**Orlando,**

**FL**

85 Zip Code

**32801**

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

**Philip L. Logas**

(NOTE: Registered Agent signature required when reinstating)

**4/28/97**

12. OFFICERS AND DIRECTORS

☐ DELETE

**PD  
NAME MAVRES, IRENE  
STREET ADDRESS 218 DOOLITTLE STREET  
CITY-ST-ZIP ORLANDO FL**

☐ DELETE

**STD  
NAME ELLIS, KATHY  
STREET ADDRESS 222 DOOLITTLE STREET  
CITY-ST-ZIP ORLANDO FL**

☐ DELETE

**1VP  
NAME MAVRES, ARTHUR D  
STREET ADDRESS 218 DOOLITTLE ST.  
CITY-ST-ZIP ORLANDO FL 32839**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 on an attachment with an address.

SIGNATURE:

**Philip L. Logas**

**4/28/97**

**407 569-9258**

CR2E034 (9/96)