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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jun 02 1998 8:00am Secretary of State

DOCUMENT # 568729

AMI RESTAURANTS INC

Principal Place of Business	Mailing Address		_	
1950 SUMMIT PARK DR	7945 CHA			
DELANDO, FL 32810	ORLANDO,	FL 32810	DO NOT WRITE IN THE	\$ SPACE
, 52810	·	32610	3. Date Incorporated or Qualified	
			10 91	
2. Principal Place of Business	2a. Mailing Address		4. FEt Number	Applied For
Suite And # ate	26 Suite Ant # etc		59-3076939	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		Election Campaign Financing	<del></del>
23	26		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	B. This corporation owes or has paid the o	
24 25	29	30	Personal Property Tax due June 30.	Yes No
g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
		81 Name PH	ILIP L. LOGAS	
		82 Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>
		34	EAST PINE ST.	
		63		
		84 City		85 Zip Code
			RUANDO F	<b>L</b>   32801
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida, Such change was	ites, the above-named corp authorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I am familiar with and accept the oblig	gations of, Section 607.0505, F	lorida Statutes.	and a board of directors. Thereby accept the a	ppointment as registered
SIGNATURE Signature, typ for prosted marks of registered as	KATHY	ELUS SEC	+ TRES. 5/15	1/18
	rent and title if applicable (NO ND DIRECTORS	_ <del></del>		UB DIDEOTODO NI 40
TITLE PLESIDENT	DELLIFE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME TRENE MAVRES	C) present			Cususe C vanition
STREET ADDRESS 8046 BIRMAN ST		1.2 NAME 1.3 STREET ADDRESS		
T	32810	1.4 CITY-ST-ZIP		
TITLE V. T.	DELETE	21 TITLE		Change Addition
NAME ARTHR D MAVEES		2.2 NAME		
STREET ADDRESS TOLL BIRMAN ST		2.3 STREET ADDRESS		
	32(10	2. 4 CITY - ST - ZIP		
TITLE SEC + TRES.	DELETE	3.1 TITLE		Change Addition
NAME KATHY ELLIS		3.2 NAME		_ , _
STREET ADDRESS 7945 CHART REUX	LN	3 3 STREET ADDRESS		
CITY-ST-ZIP OLLANDO, FL	32810	3 4. GITY - ST - ZIP		
TITLE	DELETE	41 THLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	omnonegaes	Change Addition
NAME		5.2 NAME	3000025468 -06/04/9801004(	123
STREET ADDRESS		5.3 STREET ADDRESS	***150.00	productions
CITY-ST-ZIP		5.4 CITY - ST - ZIP	manifolds of	
TITLE	☐ DELETÉ	6.1 TITLE	•/	Change Addition
NAME		6.2 NAME	N	<b>†</b>
STREET ADDRESS		6.3 STREET ADDRESS	)	1.14/
City-ST-ZIP		6.4 CITY - ST - ZIP		V V
14. I hereby certify that the information supplied vindicated on this annual report or supplement	with this filing does not qualify fi all annual report is true and ac-	for the exemption stated in curate and that my signature	Section 119.07(3)(i), Florida Statutes. I further re shall have the same legal effect as if made i	certify that the information
officer or director of the corporation or the rec	eiver or trustee empowered to	execute this report as requ	uired by Chapter 607, Florida Statutes; and tha	t my name appears in
Block 12 or Block 13 if changed, or on an atta	acriment with an <b>address</b> .			1