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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # S77953

1. Corporation Name: DINETTES BY DESIGN

Principal Place of Business: 1301 SW 1ST CT, POMPANO BEACH, FL 33069

Mailing Address: SAME

3. Date Incorporated or Qualified: 9/1/91

3a. Date of Last Report: 6/1/95

4. FEI Number: 65-0285813 — Applied For / Not Applicable

2. Principal Place of Business (21): SAME
Suite, Apt. #, etc. (22):
City & State (23): POMPANO BEACH, FL
Zip (24): 33069 Country (25): BROWARD

2a. Mailing Address (26): SAME
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: JOHN DIXON — TEES. DATE: 4/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JOHN DIXON
STREET ADDRESS	3982 NW 7TH PL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT
1.2 NAME	CONNIE STAMP
1.3 STREET ADDRESS	3982 NW 7TH PL
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

☐ Change ☑ Addition

CR2E034 (12/95)

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-04/29/96--01020--015
***200.00

4.26.96
JR

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: TEES. 4/8/96 305-784-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #