

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

FILED

Jan 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **S77953**

(5)

1. Corporation Name:

DINETTES BY DESIGN, INC.

Principal Place of Business

**1301 SW 1ST CT.
POMPANO BEACH FL 33069**

Mailing Address

**1301 SW 1ST CT.
POMPANO BEACH FL 33069-3203**

3. Date Incorporated or Qualified

09/03/1991

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0285813

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

2. Principal Place of Business:

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

g. Name and Address of Current Registered Agent

**DIXON, JOHN
11705 CLEVELAND AVE
FT MYERS FL 33907**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE**P
DIXON, JOHN
3982 NW 7TH PL.
DEARFIELD BCH FL 33442**2. TITLE ☐ DELETE**VP
STAMP, CONNIE
3982 NW 7TH PL.
DEARFIELD BCH FL 33442**3. TITLE ☐ DELETE4. TITLE ☐ DELETE5. TITLE ☐ DELETE6. TITLE ☐ DELETE7. TITLE ☐ DELETE8. TITLE ☐ DELETE9. TITLE ☐ DELETE10. TITLE ☐ DELETE11. TITLE ☐ DELETE12. TITLE ☐ DELETE13. TITLE ☐ DELETE14. TITLE ☐ DELETE15. TITLE ☐ DELETE16. TITLE ☐ DELETE17. TITLE ☐ DELETE18. TITLE ☐ DELETE19. TITLE ☐ DELETE20. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

1/18/97 954-784-6700

0155150

CR2E034 (9/96)