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Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S83105

(4)

1. Corporation Name

RUTH DAVID OF TAMARAC, INC.

Principal Place of Business

RUTH DAVID OF SUNRISE
7810 N.W. 44TH STREET
SUNRISE FL 33351
US

Mailing Address

% RUTH DAVID OF SUNRISE
7810 NW 44TH ST
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1991

4. FEI Number

65-0290205

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

24 Country

28 Zip

29 Country

25

26

30

31

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONILLA, MARILYN
LAW OFFICES OF ELIZABETH ATHANASAKOS
1800 NE 26TH STREET
FORT LAUDERDALE FL 33305

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BONILLA, PAUL, JR.
STREET ADDRESS 15800 W. PRESTWICK PLACE
CITY-ST-ZIP MIAMI LAKES FL

TITLE DV
NAME BONILLA, MARIA
STREET ADDRESS 15800 W. PRESTWICK PLACE
CITY-ST-ZIP MIAMI LAKES FL

TITLE DT
NAME PEREZ, MARYELLEN
STREET ADDRESS 390 SABAL WAY
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE DS
NAME PEREZ, MANUEL
STREET ADDRESS 390 SABAL WAY
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DP
1.2 NAME Perez, Maryellen
1.3 STREET ADDRESS 390 Sabal Way
1.4 CITY-ST-ZIP Weston, FL 33326

2.1 TITLE DV
2.2 NAME Perez, Manuel
2.3 STREET ADDRESS 390 Sabal Way
2.4 CITY-ST-ZIP Weston, FL 33326

3.1 TITLE DT
3.2 NAME Bonilla, Paul, Jr.
3.3 STREET ADDRESS 15800 Prestwick Pl
3.4 CITY-ST-ZIP Miami Lakes, FL 33014

4.1 TITLE DS
4.2 NAME Bonilla, Maria
4.3 STREET ADDRESS 15800 Prestwick Pl
4.4 CITY-ST-ZIP Miami Lakes, FL 33014

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

14. I 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:

Maryellen Perez - 4/15/98 954 743-2858

CR2E034 (10/97)