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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90050 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # S88501

1. Corporation Name  
**WALGREENS PLAZA RESTAURANT, INC.**



Principal Place of Business  
 1001 S.W. 2ND AVE.  
 SUITE 6  
 BOCA RATON FL 33432  
 US

Mailing Address  
 P. O. BOX 1120  
 BOCA RATON FL 33429  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/21/1991**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0288852**

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 **SALS CORPORATE**  
**10026 SPANISH ISLES BLVD**  
**B16 & B17**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22 City & State

27 City **BOCA RATON, FL. 33498**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PITO, CATERINA  
 7942 TENNYSON CT.  
 BOCA RATON FL 33433

*9044 Long Lake Palms Drive*  
**BOCA RATON FL 33496**

81 Name

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

83

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME C  
 STREET ADDRESS PITO, CATERINA  
 CITY-ST-ZIP 7942 TENNYSON COURT  
 BOCA RATON FL

1.1 TITLE  Change  Addition  
 1.2 NAME 9044 Long Lake Palms Dr  
 1.3 STREET ADDRESS Boca Raton - FL - 33496  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME PTS  
 STREET ADDRESS PITO, FRANK J  
 CITY-ST-ZIP 7942 TENNYSON CT  
 BOCA RATON FL

2.1 TITLE  Change  Addition  
 2.2 NAME 22581 Middle town Dr  
 2.3 STREET ADDRESS Boca Raton - FL 33428  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 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, with all other like empowered.

SIGNATURE: *Frank Pito, Jr* SIGNATURE REQUIRED *Frank Pito, Jr 4/21/99-561*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *470-3395*

CR2E034 (1/1/98)