

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 AM 11:42

DOCUMENT # S91712

(7)

1. Corporation Name

DINING OPERATORS, INC.

Principal Place of Business

1601 ENGLEWOOD RD  
ENGLEWOOD FL 34223-1826

Mailing Address

1601 ENGLEWOOD RD  
ENGLEWOOD FL 34223-1826

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>11/04/1991                                                                                                  | 3a. Date of Last Report<br>02/15/1994                  |
| 4. FEI Number<br>65-0297231                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

DELL, RALPH C.  
101 E. KENNEDY BLVD.  
SUITE 1240  
TAMPA FL 33602

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | REPOD, JOHN       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 720 CUMBERLAND RD | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | VENICE FL         | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 6.4 CITY - ST - ZIP                                   |                                                                   |

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE:

John Repod

2/9/95

813-475-1903