

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S93047** (6)
1. Corporation Name
DISTINCTIVE RESTAURANTS, INC.



Principal Place of Business Mailing Address
**21210-15A ST. ANDREWS BLVD
BOCA RATON FL 33433
US**
**10125 GLADES ROAD
BOCA RATON FL 33498
US**

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 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
11/12/1991 **04/27/1995**
4. FEI Number Applied For
65-0303911 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$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
**FINE, STEVEN
8555 N.W. 9TH AVE.
SUITE 108
FORT LAUDERDALE FL 33309**
81 Name **FRANK BADACH**
82 Street Address (P.O. Box Number is Not Acceptable)
1555 PALM BEACH LAKES BLVD.
83 **SUITE 1510**
84 City **WEST PALM BEACH FL** 85 Zip Code **33401**

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]* **FRANK J. BADACH** 2-13-96

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME 12 NAME
STREET ADDRESS 13 STREET ADDRESS
CITY-ST-ZIP 14 CITY-ST-ZIP
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
CITY-ST-ZIP 24 CITY-ST-ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☒ Addition
NAME **FORGIONE, DAWN** 32 NAME
STREET ADDRESS **21210-15A ST. ANDREWS BLVD.** 33 STREET ADDRESS
CITY-ST-ZIP **BOCA RATON, FL.** 34 CITY-ST-ZIP **33433**
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 42 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 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 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: *[Signature]* **DENNIS FORGIONE** 2/13/96 407-252-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

CR2E034 (12/95)