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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S97816

(0)

WEST BOCA SQUARE RESTAURANT, INC.

FILED
Apr 27 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address		- I ISBUIDIO IIO IDIST IEDDE FOIRI IIDED EIIT EIBIT DIOI	E OLORI BEDIA BEDIA BEDIA 1001	
21747 STATE RD 7	19914 VILLA LANTE PL.			
BOCA RATON FL 33428	BOCA RATON 33 33434		DO NOT WRITE IN THIS SPACE	
US	U\$		3. Date Incorporated or Qualified	DI AGE
			12/04/1991	
2, Principal Place of Business	2a. Mailing Address	<i>-</i>	4. FEI Number	Applied For
21	26 9045 LA FOR	MANA BIVD.	65-0305356	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	27 0 40 City & State		1	Fee Required
23	28 PARATON	1, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	70,21	Country	8. This corporation owes or has paid the cu	
24 25	29 354 54	30 PAIN BEACH	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
BILOTTI, JOSEPH		81 Name		ļ
		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33434		83		
		63		
	·	84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	s. the above-named corp		
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligati	Florida Such change was au	rthorized by the corporat	on's board of directors. I hereby accept the app	pointment as registered
ļ "	ona or, occitor cor.coo, ritor	ica Sialutos.		
SIGNATURE Signature, typod or printed name of registried agrint.	and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE PVST	☐ DELETE	1.1 TITLE		Change Addition
NAME BILOTTI, JOSEPH		1.2 NAMÉ		
STREET ADDRESS 19914 VILLA LANTE PL.		1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33434	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
NAME BILOTTI, JOSEPH	L'3 orrest	2.2 NAME		C) bligge C Radition
STREET ADDRESS 19914 VILLA LANTE PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33434		2. 4 CITY-ST-ZIP		
TITLE	☐ DELE TE	3.1 TITLE		Change Addition
NAME		3.2 NAME		İ
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP		Chance Taketion
TITLE	DELETE	5.1 THILE		Change Addition
NAME ATTEST ADDRESS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 City-St-ZiP		Ohanna Indiana
NAME :	DELETE	■ 61 TITLE		I LUTATION I FACILITIES I
	☐ DELETE	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change D Addition

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 suppliemental 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.

- 7 3/14