FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # **S98295** **(6)**

1. Corporation Name

CORAL CREEK SHOPPES RESTAURANT, INC.

Principal Place of Business	Mailing Address
6512 N STATE RD 7 COCONUT CREEK FL 33073 US	~~4793 N CONGRESS AVE~~ ~~SUITE 6~~ ~~LANTANA FL 33462~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 6512 N STATE RD 7
City & State 23	City & State 28 COCONUT CREEK, FL
Zip / Country 24 / 25	Zip / Country 29 33073 / 30 US

3. Date Incorporated or Qualified: **12/05/1991**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **65-0298816** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~STELLINO, SALVATORE~~
~~4793 N CONGRESS AVE~~
~~SUITE 6~~
~~LANTANA FL 33462~~

10. Name and Address of New Registered Agent

81 Name: ROSARIO TROIA
82 Street Address (P.O. Box Number is Not Acceptable): 6512 N STATE RD 7
83
84 City: COCONUT CREEK FL 85 Zip Code: 33073

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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] DATE: 3/15/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	STELLINO, SALVATORE	
STREET ADDRESS	4793 N. CONGRESS AVE #6	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	☐ DELETE
NAME	TROIA, ROSARIO	
STREET ADDRESS	5650 NW 74TH PL #207	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	☒ Change ☐ Addition
12 NAME	TROIA, ROSARIO	
13 STREET ADDRESS	6512 N STATE RD 7	
14 CITY-ST-ZIP	COCONUT CREEK, FL 33073	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: [signature] 3-17-96 994-34 1506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #