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FILED

Jun 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V07832

(1)

1. Corporation Name

WILD ROSE RESTAURANT, INC.

Principal Place of Business

2699 STIRLING ROAD  
SUITE 103-C  
FT LAUDERDALE FL 33312

Mailing Address

2699 STIRLING ROAD  
SUITE 103-C  
FT LAUDERDALE FL 33312-6546



3. Date Incorporated or Qualified

01/21/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0406027

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGAY, MAE  
9201 LIME BAY BLVD  
SUITE 103-C  
FT LAUDERDALE FL 33312

81 Name

JOHN JACOB

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

2699 STIRLING ROAD - C-103

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33312

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

JOHN JACOB

Signature of individual or printed name of registered agent and title if applicable

(Not Registered Agent signature required when registering)

DATE

52397

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

STD

☐ DELETE

NAME

JACOB JOHN X

STREET ADDRESS

2699 STIRLING ROAD, C-107

CITY - ST - ZIP

FT. LAUDERDALE FL

TITLE

PD

☐ DELETE

NAME

JACOB, SHEILA

STREET ADDRESS

2699 STIRLING ROAD, C-103

CITY - ST - ZIP

FT. LAUDERDALE FL

TITLE

V

☒ DELETE

NAME

BURGAY, MAE

STREET ADDRESS

2699 STIRLING ROAD #C-103

CITY - ST - ZIP

FORT LAUDERDALE 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SHEILA JACOB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE

CR2E034 (9/96)