

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

FILED

May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V68551

(3)

1. Corporation Name

ROYAL PALM GRILL & DELI, INC.

Principal Place of Business

806 N KROME AVE
HOMESTEAD FL 33030
US

Mailing Address

806 N KROME AVE
HOMESTEAD FL 33030-4407
US



3. Date Incorporated or Qualified

10/05/1992

3a. Date of Last Report

07/30/1996

4. FEI Number

65-0362325

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

SCIARRONE, JOSEPH
1711 SAN REMO CIR
HOMESTEAD FL 33035

10. Name and Address of New Registered Agent

81. Name

Lawrence Roth

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

1711 San Remo Cir

83.

84. City

Homestead

FL

85. Zip Code

33035

11. Pursuant to the provisions of Sections 607.002 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 of individual or principal registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-19-97

12. OFFICERS AND DIRECTORS

TITLE: VD ☒ DELETE

NAME: SCIARRONE, JOSEPH
STREET ADDRESS: 1711 SAN REMO CIR
CITY - ST - ZIP: HOMESTEAD FL

TITLE: PD ☐ DELETE

NAME: ROTH, LAWRENCE L
STREET ADDRESS: 1711 SAN REMO CIR
CITY - ST - ZIP: HOMESTEAD FL

TITLE: STD ☐ DELETE

NAME: SCIARRONE, CYNTHIA
STREET ADDRESS: 1711 SAN REMO CIR
CITY - ST - ZIP: HOMESTEAD 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:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Alan Margolis VD ☐ Change ☒ Addition

1.2 NAME: 806 N. Krome Ave
1.3 STREET ADDRESS: Homestead FL 33030
1.4 CITY - ST - ZIP:

2.1 TITLE: ☐ Change ☐ Addition

2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

3.1 TITLE: ☐ Change ☐ Addition

3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

4.1 TITLE: ☐ Change ☐ Addition

4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

5.1 TITLE: ☐ Change ☐ Addition

5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

6.1 TITLE: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

247-5444

Daytime Phone #

CR2E034 (9/96)