

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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

|   |  |  |  |
|---|--|--|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b>  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b>   |  |
| <b>DOCUMENT # V71699 (5)</b><br>1. Corporation Name<br><b>JD RESTAURANTS, INC.</b>  |  |  |  |
| Principal Place of Business<br><b>716 N. U.S. HIGHWAY 1</b><br><b>TEQUESTA, FL 33469</b>  |  | Mailing Address<br><b>716 N. U.S. HIGHWAY 1</b><br><b>TEQUESTA, FL 33469-2339</b>  |  |
| 2. Principal Place of Business<br><b>21 6246 LUCERNE STREET</b><br>Suite, Apt. #, etc.<br><b>22</b>   |  | 2a. Mailing Address<br><b>26 6246 LUCERNE STREET</b><br>Suite, Apt. #, etc.<br><b>27</b>   |  |
| City & State<br><b>23 PALM BEACH GARDENS, FL</b><br>Zip Country<br><b>24 33418 28 USA</b>   |  | City & State<br><b>29 PALM BEACH GARDENS, FL</b><br>Zip Country<br><b>30 33418 30 USA</b>  |  |
| 3. Date Incorporated or Qualified<br><b>10/16/1992</b>  |  | 3a. Date of Last Report<br><b>02/28/1997</b>   |  |
| 4. FEI Number<br><b>65-0365779</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees   |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 9. Name and Address of Current Registered Agent<br><b>KOHLHORST, DONALD</b><br><b>716 NORTH U.S. HIGHWAY 1</b><br><b>TEQUESTA, FL 33469</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>6246 LUCERNE STREET</b><br>83<br>84 City <b>PALM BEACH GARDENS</b> <b>FL</b> 85 Zip Code <b>33418</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DP<br>TRINGALI, S. JAMES<br>725 N.E. 36TH STREET<br>BOCA RATON, FL | <input type="checkbox"/> DELETE  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>KOHLHORST, DONALD<br>716 U.S. HIGHWAY 1<br>TEQUESTA, FL      | <input type="checkbox"/> DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | STD<br>TRINGALI, JOHN M.<br>1415 FAN PALM ROAD<br>BOCA RATON, FL   | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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: <i>[Signature]</i> <b>2/23/98</b> <b>994-3440</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |  |

CR2E034 (9/96)