

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90047 041 ***150.00

DOCUMENT # V71699

1. Corporation Name

JD RESTAURANTS, INC.



Principal Place of Business

~~725 LUCERNE STREET~~
~~PALM BEACH GARDENS FL 33469~~

Mailing Address

~~XXXXXXX~~
~~6246 LUCERNE STREET~~
~~PALM BEACH GARDENS FL 33469~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1992

2. Principal Place of Business

21 902 Clint Moore Rd.

22 Suite 126

23 Boca Raton, FL

24 33487 USA

2a. Mailing Address

26 902 Clint Moore Rd.

27 Suite 126

28 Boca Raton, FL

29 33487 USA

4. FEI Number

65-0365779

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~KOHLHORST, DONALD~~
~~6246 LUCERNE STREET~~
~~PALM BEACH GARDENS FL 33469~~

10. Name and Address of New Registered Agent

81 Name
John M. Tringali

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

902 Clint Moore Rd., Suite 126

84 City
Boca Raton

FL

85 Zip Code
33487

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 M. Tringali*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/99

12. OFFICERS AND DIRECTORS

TITLE DP
NAME TRINGALI, S. JAMES
STREET ADDRESS 725 N.E. 36TH STREET
CITY-ST-ZIP BOCA RATON FL

TITLE ~~VP~~
NAME ~~KOHLHORST, DONALD~~
STREET ADDRESS ~~6246 LUCERNE STREET~~
CITY-ST-ZIP ~~PALM BEACH GARDENS FL 33469~~

TITLE STD
NAME TRINGALI, JOHN M.
STREET ADDRESS 1415 FAN PALM ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

VPD
Eleanor Zaccagnini
6869 Viento Way
Boca Raton, FL

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 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, with all other like empowered.

SIGNATURE: *John M. Tringali*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

994-3440

CR2E034 (11/98)