

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005713 (1)**

1. Corporation Name

AMERICANA DINING CORP.



Principal Place of Business

Mailing Address

**1 CORPORATE PLACE
55 FERNCROFT RD.
DANVER MA 01923**

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55 FERNCROFT RD.
DANVER MA 01923**

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

04-3222676

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Suite, Apt. #, etc.

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent, and the date

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BAUMHAUER, WILLIAM H	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY - ST - ZIP	DANVERS MA 01923	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAGENHEIM, STEVEN J	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY - ST - ZIP	DANVERS MA 01923	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOODHOUSE, MICHAEL A	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY - ST - ZIP	DANVERS MA 01923	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	REDEPENNING, CHARLES W JR	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY - ST - ZIP	DANVERS MA 01923	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAUMHAUER, WILLIAM H	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY - ST - ZIP	DANVERS MA 01923	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEW, ARTHUR E	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY - ST - ZIP	DANVERS MA 01923	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	V.P. CFO AND TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MANL BAUNON
3.3 STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD
3.4 CITY - ST - ZIP	DANVERS MA 01923
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	ASST. TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALBERT A. DiMillo, Sr.
5.3 STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD
5.4 CITY - ST - ZIP	DANVERS MA 01923
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Albert A. DiMillo Jr

4/25/96

DATE

DATE

CR2E034 (12/95)