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 May 05 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 # F95000005713 (1)
 1. Corporation Name
 AMERICANA DINING CORP.



Principal Place of Business Mailing Address

1 CORPORATE PLACE
 55 FERNCROFT RD.
 DANER MA 01923

1 CORPORATE PLACE
 55 FERNCROFT RD.
 DANER MA 01923-4001

3. Date incorporated or Qualified 11/22/1995
 3a. Date of Last Report 05/01/1996

4. FEI Number 04-3222676 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

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

10. Name and Address of New Registered Agent

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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	VT	<input type="checkbox"/> DELETE
NAME	BENSON, EARL	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY-ST-ZIP	DANVERS MA	
TITLE	VD	<input checked="" 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	AT	<input type="checkbox"/> DELETE
NAME	DIMILLO, JR. A	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY-ST-ZIP	DANVERS MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEW, ARTHUR E	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY-ST-ZIP	DANVERS MA 01923	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donald Moore
2.3 STREET ADDRESS	One Corporate Place, 55 Ferncroft Rd.
2.4 CITY-ST-ZIP	Danvers, MA 01923
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Michael Hulley
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 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 the address.

SIGNATURE: *Michael Hulley* 4.24.97 508-774-9115

CR2E034 (9/96)