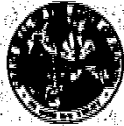


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 PM 4:24

DOCUMENT # **H73971**

(4)

1. Corporation Name

GULF DRIVE CAFE, INC.

Principal Place of Business

900 GULF DR.
BRADENTON BEACH FL 34217
US

Mailing Address

900 GULF DR.
BRADENTON BEACH FL 34217
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/03/1985

3a. Date of Last Report

04/14/1994

4. FEI Number

51-0302126

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. 189.032,
Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PIRILLO, ANTHONY
900 GULF DRIVE
BRADENTON FL 34217

10. Name and Address of New Registered Agent

81 Name **THOMAS G. CHIPAIN**
82 Street Address (P.O. Box Number Not Acceptable)
900 GULF DRIVE
83
84 City **BRADENTON BEACH** FL 85 Zip Code **34217**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4-10-95

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	PIRILLO, ANTHONY
STREET ADDRESS	900 GULF DR
CITY-ST-ZIP	BRADENTON BCH FL
TITLE	DS
NAME	CHIPAIN, SPYROS
STREET ADDRESS	900 GULF DR
CITY-ST-ZIP	BRADENTON BCH FL
TITLE	DV
NAME	CHIPAIN, THOMAS
STREET ADDRESS	900 GULF DR
CITY-ST-ZIP	BRADENTON BCH FL
TITLE	T
NAME	CHIPAIN, DELORES
STREET ADDRESS	900 GULF DR.
CITY-ST-ZIP	BRADENTON BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIRILLO ANTHONY - Retired - NO
1.3 STREET ADDRESS	Longer an office
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P/INT CHIPAIN, THOMAS
3.3 STREET ADDRESS	900 GULF DRIVE
3.4 CITY-ST-ZIP	BRADENTON BEACH FL 34217
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHIPAIN, DELORES, Retired
4.3 STREET ADDRESS	NO Longer AN OFFICE
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or upon any 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 (813) 778-1919

Date (Type) Phone