

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 # **H89782** (7)

1. Corporation Name
VINTON'S NEW ORLEANS RESTAURANT, INC.



Principal Place of Business: 229 E STUART AVE LAKE WALES FL 33853
Mailing Address: 229 E STUART AVE LAKE WALES FL 33853

3. Date Incorporated or Qualified: 12/13/1985
3a. Date of Last Report: 05/01/1995

| | | | | | | | |
|---|--------------------------------|----|---------------------|--|---|--------------------------|--------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number 59-2644382 | Applied For | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

WHITE, NORMAN
225 EAST PARK AVENUE
LAKE WALES FL 33853

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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: _____ (NOTE: Registered Agent signature required when next filing) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD DAVIS, NETTIE B. 229 E STUART AVE LAKE WALES FL | <input type="checkbox"/> DELETE | 1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 1. 2 NAME |
| STREET ADDRESS | | | 1. 3 STREET ADDRESS |
| CITY - ST - ZIP | | | 1. 4 CITY - ST - ZIP |
| TITLE | D BERNHARDT, JAMES A. 229 E STUART AVE LAKE WALES FL | <input type="checkbox"/> DELETE | 2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 2. 2 NAME |
| STREET ADDRESS | | | 2. 3 STREET ADDRESS |
| CITY - ST - ZIP | | | 2. 4 CITY - ST - ZIP |
| TITLE | D BERNHARDT, NANCY E. 229 E STUART AVE LAKE WALES FL | <input type="checkbox"/> DELETE | 3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3. 2 NAME |
| STREET ADDRESS | | | 3. 3 STREET ADDRESS |
| CITY - ST - ZIP | | | 3. 4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4. 2 NAME |
| STREET ADDRESS | | | 4. 3 STREET ADDRESS |
| CITY - ST - ZIP | | | 4. 4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5. 2 NAME |
| STREET ADDRESS | | | 5. 3 STREET ADDRESS |
| CITY - ST - ZIP | | | 5. 4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6. 2 NAME |
| STREET ADDRESS | | | 6. 3 STREET ADDRESS |
| CITY - ST - ZIP | | | 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: *Nettie B. Davis* *Nettie B. Davis* 4-15-96 941 676 8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)