

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H93685 (6)

1. Corporation Name
NARVERUD RESTAURANT SYSTEMS, INC.

Principal Place of Business Mailing Address
2365 GALLAGHER AVE 2365 GALLAGHER AVE
SPRING HILL FL 34606 SPRINGHILL FL 34606
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/10/1986 3a. Date of Last Report 05/01/1994

4. FEI Number 59-2626659 Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. 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 SPRING HILL, FL
24 25 29 34606 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NARVERUD, MARTY
2365 GALLAGHER AVE
SPRING HILL FL 34606

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 607.0502, Florida Statutes.

SIGNATURE *Marty Narverud* DATE 1-18-95
Signature of registered agent required when changing office and/or agent (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NARVERUD, MARTIN P.
STREET ADDRESS 2365 GALLAGHER AVE.
CITY - ST - ZIP SPRING HILL FL

TITLE VP
NAME KIRSHY, ELIZABETH A
STREET ADDRESS 2365 GALLAGHER AVE
CITY - ST - ZIP SPRINGHILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 34606

2.1 TITLE VP Change Addition
2.2 NAME NARVERUD, ELIZABETH A
2.3 STREET ADDRESS 2365 Gallagher Ave
2.4 CITY - ST - ZIP Spring Hill, FL 34606

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change 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)(b), 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 to this address.

SIGNATURE: *Marty Narverud* AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marty Narverud DATE 1-18-95 TELEPHONE NUMBER 904-683-7172