

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J18586** (4)

1. Corporation Name  
**SEVEN DS RESTAURANTS, INC.**



Principal Place of Business

**3500 CHENEY HWY.  
TITUSVILLE FL 32780**

Mailing Address

**% PATCH COMMUNICATIONS  
5211 S. WASHINGTON AVENUE  
TITUSVILLE FL 32780**

2. Principal Place of Business

21 State Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**WELK, DONALD F  
5211 S. WASHINGTON AVENUE  
TITUSVILLE FL 32780**

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 607.0607 and 607.1501, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0705, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WINCKEL, ARTHUR</b>	
STREET ADDRESS	<b>3696 MUIRFIELD DRIVE</b>	
CITY-STATE-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WINCKEL, IRENE E</b>	
STREET ADDRESS	<b>3696 MUIRFIELD DRIVE</b>	
CITY-STATE-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WELK, DONALD F</b>	
STREET ADDRESS	<b>5211 S. WASHINGTON AVENUE</b>	
CITY-STATE-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>YP</b>
13 STREET ADDRESS	<b>ROBERT W. KIRK, JR.</b>
14 CITY-STATE-ZIP	<b>213 HARRISON ST.</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 registered or trustee employee; I do 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 this address.

SIGNATURE:

*Donald F. Welk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD F. WELK, TREASURER**

4/5/96

407-268-5010

CR2E034 (12/95)