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1996 MAY -1 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J45894 (9)
1. Corporation Name
BUFFALO'S ORIGINAL WINGS & RINGS II OF TALLAHASSEE, INC.



Principal Place of Business: **1904 W PENSACOLA ST TALLAHASSEE FL 32304**
Mailing Address: **PO BOX 966 TALLAHASSEE FL 32302**

3. Date Incorporated or Qualified: **12/08/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2747050**
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

9. Name and Address of Current Registered Agent
**JACKSON, EDDIE
320 E TENNESSEE ST
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-84)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1355 Market St.**
83
84 City: **Tallahassee** FL 85 Zip Code: **32312**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: *Eddie Jackson* DATE: **4-23-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, P. DONALD	
STREET ADDRESS	1904 WEST PENSACOLA ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	JACKSON, JAMES E.	
STREET ADDRESS	8752 THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AZAR, NORMAN	
STREET ADDRESS	905 E FAIRVIEW	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1355 Market St.
24 CITY-ST-ZIP	Tallahassee, FL 32312
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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keep separate

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: *Eddie Jackson* DATE: **4-22-96** PHONE: **904 224 9959**

CR2E034 (12/95)