

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # M76033 (3)**  
1. Corporation Name  
**BAYONET RESTAURANT, INC.**



Principal Place of Business      Mailing Address  
**2401 W. BAY DRIVE  
SUITE 421B  
LARGO FL 34840**      **2401 W. BAY DRIVE  
SUITE 421B  
LARGO FL 33770-4900**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/11/1988**      **04/28/1996**

4. FEI Number      Applied For  
**59-2884850**       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. 199.032, Florida Statutes       Yes  No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. **LUIGI B. G.**

22 City & State      27 City & **13719 Walsingham Rd**

23 Zip      Country      28 Zip      Country      29      30

**Largo FL 33774**

9. Name and Address of Current Registered Agent  
**SWIRSKY, LYNNE  
2401 W BAY DR  
SUITE 421B  
LARGO FL 34840**

10. Name and Address of New Registered Agent

81 Name      **LUIGI B. G.**

82 Street Address (P.O. Box Number is Not Acceptable)      **13719 Walsingham Rd**

83      **Largo FL 33774**

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 607.0505, Florida Statutes.

SIGNATURE *[Signature]*      DATE **3/28/97**

**12. OF OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<b>SWIRSKY, DON</b>	<input type="checkbox"/> DELETE
NAME		<b>2401 W BAY DR, STE 421B</b>	<b>LUIGI B. G.</b>
STREET ADDRESS		<b>ST. PETERSBURG FL</b>	<b>13719 Walsingham Rd</b>
CITY-ST-ZIP			<b>Largo FL 33774</b>
TITLE	<b>TD</b>	<b>KLEINFELD, BEN</b>	<input type="checkbox"/> DELETE
NAME		<b>2401 W BAY DR, STE 421B</b>	<b>LUIGI B. G.</b>
STREET ADDRESS		<b>ST. PETERSBURG FL</b>	<b>13719 Walsingham Rd</b>
CITY-ST-ZIP			<b>Largo FL 33774</b>
TITLE	<b>SD</b>	<b>SWIRSKY, LYNNE</b>	<input type="checkbox"/> DELETE
NAME		<b>2401 W BAY DR, STE 421B</b>	<b>LUIGI B. G.</b>
STREET ADDRESS		<b>ST. PETERSBURG FL</b>	<b>13719 Walsingham Rd</b>
CITY-ST-ZIP			<b>Largo FL 33774</b>
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**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Swirsky**

CFR2E034 (9/96)