

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 10:56

DOCUMENT # **P92000007342 (8)**

1. Corporation Name
CHELSEA RESTAURANT CORP.

Principal Place of Business Mailing Address
**7201 66TH ST., NO.
PINELLAS PARK FL 33565
US** **2401 WEST BAY DRIVE
SUITE 421B
LARGO FL 34640**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/24/1992	3a. Date of Last Report 06/21/1994
4. FEI Number 59-3154273	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc	26	State, Apt. #, etc
22	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**SWIRSKY, LYNNE
2401 W. BAY DR.
SUITE 421-B
LARGO FL 34640**

10. Name and Address of New Registered Agent

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 607.1908, 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) (Typed or Printed Name of Registered Agent) (Typed Name of Registered Agent) (Typed Name of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SWIRSKY, DON
STREET ADDRESS	2401 WEST BAY DRIVE SUITE 421B
CITY ST ZIP	LARGO FL 34640
TITLE	STD
NAME	SWIRSKY, LYNNE
STREET ADDRESS	2401 WEST BAY DRIVE SUITE 421B
CITY ST ZIP	LARGO FL 34640
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
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	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 14D 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 in the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Don Swirsky* 3/24/95 813 593 0002

(Signature and Typed or Printed Name of Signing Officer on Director) Date Signature #