

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Marshall
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000007342 (8)

1. Corporation Name
CHELSEA RESTAURANT CORP.



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

2. Principal Place of Business
21 Subst. Apt. No.
22 City & State
23 Zip Country
24 25 26 27 28 29 30
2a. Mailing Address
26 Subst. Apt. No.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 03/31/1995
4. FEI Number: 59-3154273 Applied For: Not Applicable
5. Cents of state taxes (line 1): \$8.75 Additional Fee Required
6. Has the corporation been merged into another corporation: \$5.00 May Be Added to Fees
7. Has the corporation changed its name since 12/31/95: No
8. The corporation is eligible for tangible base under S. 199 (a) 2: Florida Statutes: No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Section 607.011 (2)(b) and (3)(b), this certificate, to appear in the corporate records, is being filed for the purpose of changing the registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The enclosed is the appointment of a registered agent. I am familiar with, and accept the liability demands of, Sec. 607.011(2)(b), Florida Statutes.

SIGNATURE: _____
OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	13.	ADDITIONAL OWNERS TO OFFICERS AND DIRECTORS
TITLE	PD		
NAME	SWIRSKY, DON		
STREET ADDRESS	2401 WEST BAY DRIVE SUITE 421B		
CITY-STATE-ZIP	LARGO FL 34640		
TITLE	STD		
NAME	SWIRSKY, LYNNE		
STREET ADDRESS	2401 WEST BAY DRIVE SUITE 421B		
CITY-STATE-ZIP	LARGO FL 34640		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

14. I do hereby certify that the information supplied herein is true and correct, to the best of my knowledge. I am not a resident of the State of Florida. I further certify that the information is also true and correct in respect to the jurisdiction of annual report, for which the certificate of my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or holder of securities of the corporation. I understand the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE: *Lynne Swirsky*
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 8185930002

CR2E034 (12/95)