

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

FILED
Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33770-4900
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3. Date Incorporated or Qualified 11/24/1992	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	

9. Name and Address of Current Registered Agent
**SWIRSKY, LYNNE
 2401 W. BAY DR.
 SUITE 421B
 LARGO FL 34640**

10. Name and Address of New Registered Agent
**LUIGI B. G.
 13719 Walsingham Rd
 Largo FL 33774**

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: *Lynne Swirsky* DATE: *3/28/97*

12. OFFICERS AND DIRECTORS

1. TITLE PD	1.1. NAME SWIRSKY, DON	1.2. STREET ADDRESS 2401 WEST BAY DRIVE SUITE 421B	1.3. CITY-STATE-ZIP LARGO FL 34640
<input type="checkbox"/> DELETE	2.1. NAME SWIRSKY, LYNN	2.2. STREET ADDRESS 2401 WEST BAY DRIVE SUITE 421B	2.3. CITY-STATE-ZIP LARGO FL 34640
<input type="checkbox"/> DELETE	3.1. NAME	3.2. STREET ADDRESS	3.3. CITY-STATE-ZIP
<input type="checkbox"/> DELETE	4.1. NAME	4.2. STREET ADDRESS	4.3. CITY-STATE-ZIP
<input type="checkbox"/> DELETE	5.1. NAME	5.2. STREET ADDRESS	5.3. CITY-STATE-ZIP
<input type="checkbox"/> DELETE	6.1. NAME	6.2. STREET ADDRESS	6.3. CITY-STATE-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-STATE-ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY-STATE-ZIP	
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-STATE-ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-STATE-ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-STATE-ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: *Lynne Swirsky* DATE: *3/28/97* DAYTIME PHONE #: *5930002*

CR2E034 (9/96)