

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

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Apr 21 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 # P95000064031 (4)

1. Corporation Name
CEDAR RIVER SEAFOOD OF STARKE, INC.



Principal Place of Business
900 WALNUT STREET
STARKE FL 32291

Mailing Address
% WILLIAM E. CHATTIN, CPA
4435 EMERSON STREET
JACKSONVILLE FL 32207-4957

3. Date Incorporated or Qualified: 08/17/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3332914
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
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

Handwritten: 410 DAN R FELLOWS, 2483 BENTRIDGE CT, ORANGE PARK FL, 32065, FLAY

9. Name and Address of Current Registered Agent
CHATTIN, WILLIAM E
4435 EMERSON STREET
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81. Name: ROTHSTEIN, SIMON D
82. Street Address (P.O. Box Number is Not Acceptable): 4417 BEACH BLVD # 10A
83.
84. City: JACKSONVILLE FL
85. Zip Code: 32207

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 607.0015, Florida Statutes.

SIGNATURE: *Simon D. Rothstein* DATE: 2/3/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FELLOWS, DAN	
STREET ADDRESS	2483 BENTRIDGE COURT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, ROLAND R	
STREET ADDRESS	944 BIRDWOOD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, KATHY	
STREET ADDRESS	944 BIRDWOOD	
CITY-ST-ZIP	ORANGE PARK FL 32078	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3461 INLET LN
2.4 CITY-ST-ZIP	ORANGE PARK, FL 32065
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3461 INLET LN
3.4 CITY-ST-ZIP	ORANGE PARK, FL 32065
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: *Kathy Bell* DATE: 4-15-97 DAYTIME PHONE #: 904-272-2285

CR2E034 (9/96)