

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

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Mar 03 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 # P96000063612 (1)

1. Corporation Name  
RESTAURANTS INTERNATIONAL INC.

Principal Place of Business  
1801 MISSION DRIVE  
NAPLES FL 34109

Mailing Address  
1801 MISSION DRIVE  
NAPLES FL 34109-7103



3. Date Incorporated or Qualified 07/30/1996	3a. Date of Last Report
4. FEI Number 59-3422537	Applied For 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent	
81 Name NICHOLAS DESANTE	82 Street Address (P.O. Box Number is Not Acceptable) 1801 MISSION DR.
83	84 City NAPLES
85 FL	86 Zip Code 34108

11. Pursuant to the provisions of Sections 607.050 and 607.058, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *JOE DESANTE* (NOTE: Registered Agent signature required when re-appointing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTE, NICHOLAS	1.2 NAME	
STREET ADDRESS	C/O 5155 SPECTRUM WY, #31, MISSISSAUGA	1.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO L5T 1M5 CANADA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DESANTE, NICHOLAS
STREET ADDRESS		2.3 STREET ADDRESS	C/O 5155 SPECTRUM WY, #31, MISSISSAUGA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ONTARIO, L5T 1M5 CANADA
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JOSEPH S. DI MAGGIO
STREET ADDRESS		3.3 STREET ADDRESS	1801 MISSION DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NAPLES, FL 34109-7103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered or justice 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 amendment with an address.

SIGNATURE: *JOE DESANTE* DATE: Daytime Phone #:

CR2E034 (9/96)