

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$750.

FILED

Oct 08 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000078064 (7)
 1. Corporation Name

JASONS RESTAURANT GROUP, INC.



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: 09/09/1997
- 4. FID Number: 65-0780312 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No
- 10. Name and Address of New Registered Agent

Principal Place of Business: 7780 NW 44 ST. SUNRISE FL 33351
 Mailing Address: 7780 NW 44 ST. SUNRISE FL 33351

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

9. Name and Address of Current Registered Agent

LEVINE, EDWARD
 328 MINORCA AVE.
 CORAL GABLES FL 33134

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 section 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12	D	13			
TITLE	ANTONACCI, JANET	11 TITLE			
NAME	15962 SW 78 PL.	12 NAME			
STREET ADDRESS	MIAMI FL 33157	13 STREET ADDRESS			
CITY/STATE/ZIP		14 CITY/STATE/ZIP			
TITLE		15 TITLE	V/S	Change	Add
NAME		16 NAME	Mark D. Antonacci		
STREET ADDRESS		17 STREET ADDRESS	10607 NW 42 CT		
CITY/STATE/ZIP		18 CITY/STATE/ZIP	Sunrise, FL 33351		
TITLE		19 TITLE	V	Change	Add
NAME		20 NAME	Stephen L. Antonacci		
STREET ADDRESS		21 STREET ADDRESS	7515 SW 44 ST. #103		
CITY/STATE/ZIP		22 CITY/STATE/ZIP	Winterhill, FL 33314		
TITLE		23 TITLE			
NAME		24 NAME			
STREET ADDRESS		25 STREET ADDRESS			
CITY/STATE/ZIP		26 CITY/STATE/ZIP			
TITLE		27 TITLE			
NAME		28 NAME			
STREET ADDRESS		29 STREET ADDRESS			
CITY/STATE/ZIP		30 CITY/STATE/ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(g), Florida Statutes. I further certify that the information included in 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 secretary or treasurer, or have been empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: [Signature] Stephen L. Antonacci 9-10-98 (954) 745-7044

CR2002 1598