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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000015202 (2) 1. Corporation Name S & F RESTAURANT VENTURES, INC.								
Principal Place 8981 QUALIT SUITE 1 BONITA SPRI		Mailing Address 8981 QUALITY ROAD SUITE 1 BONITA SPRINGS FL				ocrated or Qualified	3a. Date of Last	
Principal Pla	ace of Business	2a. Mailing Address			1		U2/14/1	.,
i]	Joe of Business	26. Maining Address			4. FEI Numbe 65-04	83354	}	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of	5. Certificate of Status Desired \$8.75 Add		75 Additional e Required
City & State		City & State			B.	impaign Financing Contribution		00 May Be
Ζφ 1	Country 25	Zip 29	Country 30	1		ration has liability for		
	9. Name and Address of Current	t Registered Agent		т	10. Name and	Address of New F	_	
SMITH .	IAMES		81	Name				
SMITH, JAMES 8981 QUALITY RD. SUITE 1			82	Street A	Address (P.O. Box Nun	ess (P.O. Box Number is Not Acceptable)		
			83					
BONITA	SPRINGS FL 33923							
							Zip Code	
1. Pursuant to or registere	o the provisions of Sections 607,0502 ad agent, or both, in the State of Florid	and 607,1508, Florida Statu a. Such change was authori	tes, the above-	1	rporation submits this to	statement for the pur		•
SIGNATURE	o the provisions of Soctions 607,0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section Stynalure, typed or printed name of registered agent a	and title if applicable. (N	ites, the above- zed by the corp s.	named co oration's l	equired when reinstating;		Irpose of changing its cointment as register	s registered office ad agent. I am
SIGNATURE	in, and necept the obligations of, decid	and tide if applicable. (N DIRECTORS	ites, the above- zed by the corp s. OTE: Registered Ager 13.	named co oration's l	equired when reinstating;	statement for the pur reby accept the appo	PL Irpose of changing its printment as register	s registered office ed agent. I am
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CIGNATURE S 2. ILE AME RREET ADDRESS ILY - ST-ZIP ILE AME IHEEL ADDRESS 2Y - SL-ZIP R.E	Synature, typod or printed name of registured agent a OFFICERS AND FOREST, ELIZABETH M. 13326 MARQUETTE BLVD SE FT MYERS FL PD SMITH, JAMES F 8981 QUALITY RD. #1	and trile if applicable. (N DIRECTORS DELETE	tes, the above-red by the corps. OTE: Registered Ager 13. 1.1 TILLF 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TILLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	named coloration's last signature relations and signature relations are relations and signature relati	ADDITIONS PD Smith, James	CHANGES TO OFF	PL Irpose of changing its pointment as register DATE FICERS AND DIRECT Chang	s registered office ed agent. I am FORS IN 12 Addition
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SIGNATURE: James F. Smith

3/5/96 (94) 947-1607
Date Daylore Proce *