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FILED
Apr 18 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 # P94000015202 (2)

1. Corporation Name

S & F RESTAURANT VENTURES, INC.

Principal Place of Business

8981 QUALITY ROAD
SUITE 1
BONITA SPRINGS FL 33923

Mailing Address

8981 QUALITY ROAD
SUITE 1
BONITA SPRINGS FL 34135-7000

2. Principal Place of Business

21 715 East Vine Street
Suite, Apt. #, etc.

2a. Mailing Address

26 11000 Metro Parkway
Suite, Apt. #, etc.

City & State

23 Kissimmee, FL

City & State

28 Fort Myers, FL

Zip Country
24 34744 25 USA

Zip Country
29 33912 30 USA

9. Name and Address of Current Registered Agent

SMITH, JAMES
8981 QUALITY RD.
SUITE 1
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

04/19/1996

4. FCI Number

65-0483354

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

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Smith, James

82 Street Address (P.O. Box Number is Not Acceptable)

11000-7 Metro Parkway

83

84 City

Fort Myers

FL

85 Zip Code

33912

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SV FOREST, ELIZABETH M. 13326 MARQUETTE BLVD SE FT MYERS FL
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD SMITH, JAMES F P.O. BOX 562 NA ESTERO FL
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
11000-7 Metro Parkway Fort Myers, FL 33912
☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

James F. Smith

1/27/97

CR2E034 (9/96)