

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

**FILED**  
**Jul 08 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 # 399334 (2)**  
 1. Corporation Name  
**AMERICANO PANCAKE INN & MOTELS, INC**



Principal Place of Business: **626 JOHN SIMS PARKWAY NICEVILLE FL 32578 US**  
 Mailing Address: **626 JOHN SIMS PARKWAY NICEVILLE FL 32578**

3. Date Incorporated or Qualified: **04/14/1972**  
 3a. Date of Last Report: **06/03/1996**  
 4. FEI Number: **59-1470680**  
 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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**TISA, LEO P**  
**626 JOHN C. SIMS PARKWAY**  
**NICEVILLE FL 32578**

10. Name and Address of New Registered Agent  
 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 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: \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               |                                 |
|----------------------------|-------------------------------|---------------------------------|
| TITLE                      | <b>P</b>                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>TISA, STEVEN</b>           |                                 |
| STREET ADDRESS             | <b>626 JOHN C. SIMS PKWY.</b> |                                 |
| CITY-ST-ZIP                | <b>NICEVILLE, FL 00000</b>    |                                 |
| TITLE                      | <b>ST</b>                     | <input type="checkbox"/> DELETE |
| NAME                       | <b>TISA, MICHAEL</b>          |                                 |
| STREET ADDRESS             | <b>626 JOHN SIMS PKWY.</b>    |                                 |
| CITY-ST-ZIP                | <b>NICEVILLE FL</b>           |                                 |
| TITLE                      |                               | <input type="checkbox"/> DELETE |
| NAME                       |                               |                                 |
| STREET ADDRESS             |                               |                                 |
| CITY-ST-ZIP                |                               |                                 |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 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: \_\_\_\_\_ **06/30/97 (850)678-4164**

CR2E034 (9/96)