

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED AND FILED

55 JUL 26 AM 9:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT



**FLORIDA DEPARTMENT OF STATE
LAWRENCE M. MATHIAS
COMMISSIONER
1900 W. BAY STREET, TALLAHASSEE, FLORIDA 32304-2500**

1995

DOCUMENT # 480927 (3)

GREAT LAKES RESTAURANTS OF SOUTH FLORIDA, INC.

**Principal Office Address: 501 FRONT STREET
PO BOX 6088
KEY WEST FL 33041-3088**

**Mailing Address: 501 FRONT STREET
PO BOX 6088
KEY WEST FL 33041-3088**

DO NOT WRITE IN THIS SPACE

2. Previous Fiscal Year Reported		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1975	3a. Date of Last Report 05/01/1994
21. State	26. Mailing Address	4. FEI Number 65-0045728		Applied For Not Applicable	
22. City & State	27. State, Apt. # or ZIP	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. This corporation is authorized to do business in Florida <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. County	29. County	30. Country		8. This corporation has liability for intangible tax under s. 199.035 Florida Statute. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MICHAEL B. WALKER 777 BRICKELL AVENUE 2 S. BISCAYNE BLVD. MIAMI FL 33131				B1	Name		
				B2	Mailing Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

I, the undersigned, in the presence of two (2) or more disinterested persons, certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent as permitted by 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 607.035, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
NAME	ADDRESS	NAME	ADDRESS
PD SELLERS, WILLIAM 3800 FLAGLER AVE KEY WEST FL			
VPD SELLERS, STEVEN M 2828 FOGART AVE KWY WEST FL			
S SELLERS, SUE L 3800 FLAGLER AVE KEY WEST FL			

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-07/27/95--01180--016
****225.00 ****225.00**

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I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 199.035(1)(b), 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 effect as if it were made in writing that can be attested to by the corporation or the treasurer or higher empowered to execute the report as required by chapter 607, Florida Statutes, and that my name appears as Block 1, on Block 1 of the report or on an attachment with an address.

SIGNATURE: William S. Sellers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/95

305 296 8384

CR2EC034 (3/95)