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Apr 14 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 # 502807

(1)

1. Corporation Name

BUFFET ENTERPRISES, INC.

Principal Place of Business

334 VAIL DR SE  
PO BOX 9214  
WINTER HAVEN FL 33884

Mailing Address

P.O. BOX 9214  
PO BOX 9214  
WINTER HAVEN FL 33883-9214  
US

3. Date Incorporated or Qualified  
05/10/1976

3a. Date of Last Report  
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAIER, GERALD E  
~~1870 N. FLORIDA DR. SE~~  
WINTER HAVEN FL 33884

6750 WINTERSET  
GARDENS RD.

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

(Signature typed for printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BAIER, GERALD  
STREET ADDRESS ~~3010 GARDEN DR.~~  
CITY-ST-ZIP WINTER HAVEN FL  
*6750 WINTERSET GARDENS RD.*

TITLE ST  
NAME MERRILL, TERRIE  
STREET ADDRESS 334 VAIL DRIVE S.E.  
CITY-ST-ZIP WINTER HAVEN FL

TITLE VP  
NAME BAIER, PATRICIA T  
STREET ADDRESS 13 N WINTER SET DR SE  
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE VP  
NAME BAIER, STEVEN  
STREET ADDRESS 5004 RIVERLAKE DR.  
CITY-ST-ZIP WINTERHAVEN FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-97 941-324-4533

0395377

CR2E034 (9/96)