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**Mar 13 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 # **527773** (6)
1. Corporation Name
HELVETIA RESTAURANT CORPORATION



Principal Place of Business: **537 W. FAIRBANKS AVE. WINTER PARK FL 32789**
Mailing Address: **537 W. FAIRBANKS AVE. WINTER PARK FL 32789-5005**

3. Date Incorporated or Qualified: **03/10/1977**
3a. Date of Last Report: **02/12/1996**
4. FEI Number: **59-1747324**
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: **21 785 MCINTYRE AVENUE**
2a. Mailing Address: **26 785 MCINTYRE AVENUE**
22. City & State: **27 WINTER PARK, FL**
23. City & State: **28 WINTER PARK, FL**
24. Zip: **32789** 25. Country: **USA** 29. Zip: **32789** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **VOGELBACHER, GEORGE 537 W. FAIRBANKS AVENUE WINTER PARK FL 32789**
10. Name and Address of New Registered Agent: **81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 785 MCINTYRE AVENUE 83 84 City: WINTER PARK FL 85 Zip Code: 32789**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DEL <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PD VOGELBACHER, GEORGE	12 NAME		
STREET ADDRESS: 537 W. FAIRBANKS AVE.	13 STREET ADDRESS	785 MCINTYRE AVENUE	
CITY-ST-ZIP: WINTER PARK FL	14 CITY-ST-ZIP		
DEL <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: ST VOGELBACHER, MONIQUE	22 NAME		
STREET ADDRESS: 537 W. FAIRBANKS AVE.	23 STREET ADDRESS	785 MCINTYRE AVENUE	
CITY-ST-ZIP: WINTER PARK FL	24 CITY-ST-ZIP		
DEL <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	32 NAME		
STREET ADDRESS:	33 STREET ADDRESS		
CITY-ST-ZIP:	34 CITY-ST-ZIP		
DEL <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	42 NAME		
STREET ADDRESS:	43 STREET ADDRESS		
CITY-ST-ZIP:	44 CITY-ST-ZIP		
DEL <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	52 NAME		
STREET ADDRESS:	53 STREET ADDRESS		
CITY-ST-ZIP:	54 CITY-ST-ZIP		
DEL <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	62 NAME		
STREET ADDRESS:	63 STREET ADDRESS		
CITY-ST-ZIP:	64 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)(f), 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 partner 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 appointment with an address.

SIGNATURE: **MONIQUE VOGELBACHER** Date: **March 9 97** Telephone: **407-647-7575**

CR2E034 (9/96)