

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 529979 (7)
1. Corporation Name
JIMBO'S RESTAURANTS, INC.

Principal Place of Business 4211 JACE COURT ESTERO FL 33928 US	Mailing Address 4211 JACE COURT ESTERO FL 33928 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1604 S.E. 46 th Street Suite, Apt. #, etc. 22 City & State 23 Cape Coral Florida 24 Zip 33904 25 Country U.S.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/08/1977	4. FEI Number 59-1726926	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent DELODDER, FRANCOIS 4211 JACE COURT ESTERO FL 33928				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			
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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						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PO	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DELODDER, FRANCOIS					1.2 NAME					
STREET ADDRESS	4211 JACE COURT					1.3 STREET ADDRESS					
CITY-ST-ZIP	ESTERO FL 33928					1.4 CITY-ST-ZIP					
TITLE	SD	<input type="checkbox"/> DELETE				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DELODDER, MARY MARGARET					2.2 NAME					
STREET ADDRESS	4211 JACE COURT					2.3 STREET ADDRESS					
CITY-ST-ZIP	ESTERO FL 33928					2.4 CITY-ST-ZIP					
TITLE	DV	<input type="checkbox"/> DELETE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DELODDER, DEBORAH L.					3.2 NAME					
STREET ADDRESS	4211 JACE COURT					3.3 STREET ADDRESS					
CITY-ST-ZIP	ESTERO FL 33928					3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE					4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						4.2 NAME					
STREET ADDRESS						4.3 STREET ADDRESS					
CITY-ST-ZIP						4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE					5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET ADDRESS					
CITY-ST-ZIP						5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE					6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY-ST-ZIP						6.4 CITY-ST-ZIP					

14. I 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: *Mary Margaret Delodder* *Mary Margaret Delodder*

4-2298

941-498-2842

CP2E034 (10/97)