


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

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 1. Corporation Name 546328 North Florida Restaurant, Inc.	

FILED

98 DEC -4 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address 8535 Baymeadows Rd. # 40 Jacksonville, Fl. 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 8/2/77	
21	Suite, Apt. #, etc.	26	8535 Baymeadows Rd.	4. FEI Number	Applied For Not Applicable
22	City & State	27	# 40	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Jacksonville, Fl.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	32256	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		30	Duval		

9. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Rd. Plantation, Florida 33324		10. Name and Address of New Registered Agent	
81	Name	Victor Jackson	
82	Street Address (P.O. Box Number is Not Acceptable)	8535 Baymeadows Rd. # 40	
83	City	Jacksonville, Florida 32256	
84	State	85	Zip Code
	FL		

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  Victor Jackson
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	D/P	11 TITLE	
NAME	Victor Jackson	12 NAME	
STREET ADDRESS	8535 Baymeadows Rd. # 40	13 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Florida 32256	14 CITY-ST-ZIP	
TITLE	D/S/T	21 TITLE	800002708058
NAME	Dale Fish	22 NAME	-12/09/98--01113--004
STREET ADDRESS	8535 Baymeadows Rd. # 40	23 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	Jacksonville, Florida 32256	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	B.12/9/98 AR
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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  Victor Jackson, President 904/730-9322
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/97)