

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **694368** (2)  
1. Corporation Name  
**EAT OUT CORPORATION**



Principal Place of Business: 21335 U.S. 19 NORTH CLEARWATER FL 34619 US  
Mailing Address: 1580 FIFE COURT DUNEDIN FL 34698

3. Date Incorporated or Qualified: 07/13/1981  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2105260	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LYONS, GARY W. 311 SOUTH MISSOURI AVENUE CLEARWATER FL 33516		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ABDELHAK, BRUCE 1580 FIFE COURT DUNEDIN FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST ABDELHAK, JOANNE J. 1580 FIFE COURT DUNEDIN FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.2 NAME
CITY-ST-ZIP			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bruce Abdelhak* Bruce Abdelhak Date: 4-30-96 Daytime Phone #: 813 733-8077

CR2E034 (12/95)