


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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90015 035 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000005676 ✓					
1. Corporation Name BILLY BOY CARRY OUT, INC.					
Principal Place of Business % WILLIAM A. KOGOK 601 99TH AVE N. NAPLES FL 34108			Mailing Address % WILLIAM A. KOGOK 601 99TH AVE N. NAPLES FL 34108		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 52-0823815	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BAVIELLO, MICHAEL A JR ESQ 1025 FIFTH AVE N. NAPLES FL 34102				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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KOGOK, WILLIAM A			1.2 NAME		
STREET ADDRESS 601 99TH AVE N.			1.3 STREET ADDRESS		
CITY-ST-ZIP NAPLES FL 34108			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KOGOK, FRED			2.2 NAME		
STREET ADDRESS 10603 GREENACRES DR			2.3 STREET ADDRESS		
CITY-ST-ZIP HILLDALE MD			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KOGOK, JACK E			3.2 NAME TD KOGOK, JACK E.		
STREET ADDRESS 13275 HIGHLAND RD			3.3 STREET ADDRESS 13275 HIGHLAND RD		
CITY-ST-ZIP HIGHLAND MD			3.4 CITY-ST-ZIP HIGHLAND, MD		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME SD KOGOK, JEAN L.		
STREET ADDRESS			4.3 STREET ADDRESS 601 99TH AVE N		
CITY-ST-ZIP			4.4 CITY-ST-ZIP NAPLES, FL 34108		
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, with all other like empowered.

SIGNATURE: W. A. KOGOK SIGNATURE (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99 Date

(941) 597-3307 Daytime Phone #

CR2E034 (11/98)