

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:29

DOCUMENT # H90117 (3)

1. Corporation Name
M & W RESTAURANT, INC.

Principal Place of Business	Mailing Address
% ROBERT L. MEEKER 5812 UNIVERSITY BLVD WEST JACKSONVILLE FL 32216	% ROBERT L. MEEKER 5812 UNIVERSITY BLVD WEST JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/13/1985	3a. Date of Last Report 01/27/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2618960	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEEKER, ROBERT L. 4234 STACEY RD. JACKSONVILLE FL 32250	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MEEKER, ROBERT L. 4234 STACEY ROAD JACKSONVILLE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	MEEKER, MARIAN 4234 STACEY ROAD JACKSONVILLE FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP	WEINBERGER, FRANCES E. 5812 UNIVERSITY BLVD W. JACKSONVILLE FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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(2)(b), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as Block 12 or Block 13 or changed, or on an attachment with my address.

SIGNATURE: *Robert L. Meeker* (Typed Name) 1-9-95 904-937-0988
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR