

FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H90117 (3)

1. Corporation Name
M & W RESTAURANT, INC.



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

Mailing Address
**% ROBERT L. MEEKER
5812 UNIVERSITY BLVD WEST
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified 12/13/1985	3a. Date of Last Report 01/13/1995
4. FEI Number 59-2618960	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**MEEKER, ROBERT L.
4234 STACEY RD.
JACKSONVILLE FL 32250**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 officer 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		DATE	
12. OFFICERS AND DIRECTORS			
12.1 TITLE	PD	<input type="checkbox"/> DELETE	
12.2 NAME	MEEKER, ROBERT L.		
12.3 STREET ADDRESS	4234 STACEY ROAD		
12.4 CITY - ST - ZIP	JACKSONVILLE FL		
12.5 TITLE	SD	<input type="checkbox"/> DELETE	
12.6 NAME	MEEKER, MARIAN		
12.7 STREET ADDRESS	4234 STACEY ROAD		
12.8 CITY - ST - ZIP	JACKSONVILLE FL		
12.9 TITLE	DVP	<input type="checkbox"/> DELETE	
12.10 NAME	WEINBERGER, FRANCES E.		
12.11 STREET ADDRESS	5812 UNIVERSITY BLVD W.		
12.12 CITY - ST - ZIP	JACKSONVILLE FL		
12.13 TITLE		<input type="checkbox"/> DELETE	
12.14 NAME			
12.15 STREET ADDRESS			
12.16 CITY - ST - ZIP			
12.17 TITLE		<input type="checkbox"/> DELETE	
12.18 NAME			
12.19 STREET ADDRESS			
12.20 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.2 NAME			
13.3 STREET ADDRESS			
13.4 CITY - ST - ZIP			
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.6 NAME			
13.7 STREET ADDRESS			
13.8 CITY - ST - ZIP			
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.10 NAME			
13.11 STREET ADDRESS			
13.12 CITY - ST - ZIP			
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.14 NAME			
13.15 STREET ADDRESS			
13.16 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 *Robert L. Meeker* - Robert L. Meeker 1-18-96 904-7370988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE LAST FILING FEE #

CR2E034 (12/95)