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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24 1997 8:00am Secretary of State

1. Corporatio	MENT # H95260 It restaurant, Inc.	O (6)			
Principal Piace of Business Mailing Address				I EARLI BABA BIDA EIDII BIDII BABA 1884	
1120 FLIGHTLINE BLVD. DELAND FL 32724		1120 FLIGHTLINE BLVD. DELAND FL 32724-2112			
				3. Date Incorporated or Qualified 01/22/1986	3a. Date of Last Report 02/21/1996
2. Principal F	2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 26			59-264 1537	Not Applicable	
Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
				6. Election Campaign Financing	Fee Required \$5.00 May Be
23 28			Trust Fund Contribution	Added to Fees	
Zιρ	Country	Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Currer	29 ot Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
112	ist, thomas 20 Flightline BLVD. Land FL 32724		81 Name 82 Street Add 83 84 City	iress (P.O. Box Number is Not Acceptab	DE Zin Code
•			-		
office or agent. La	Stor alone, typical or pro-trial rainis of negistered ag-		s authorized by the corpora Florida Statutes. DTE Registered Agent signature requirements. 13.	poration submits this statement for the pation's board of directors. I hereby acception and the patient of the patient when reinstating acceptance of the patient when reinstating acceptances are patient when reinstating acceptances ac	DATÉ
HILE	PD	DELETE	1.1 TITLE		Change Addition
NAME	KRIST, THOMAS		1.2 NAME		
STREET ADDRESS	The Art Humanie II.		1.3 STREET ADDRESS		
CHY-\$1-7IP	DELAND FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	STD Zitnik, Charles A., Jr.	Land Otterit	2.2 NAME		El Ollange El Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-S1-ZIF	DELAND FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAMÉ	1	•	3.2 NAME		:
STREET ADDRESS			3.3 STREET ADDRESS		,
CAY-ST-ZIP THEE		☐ DELETE	34 CITY-ST-ZIP 41 TITLE		Change Addition
NAME		End RACEIG	4 2 NAME		Smile Filmonton
STREET ACORESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
Title		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
Since Si		L. DELETE	6.1 TITLE		Change Addition
Q NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
NTY-SI-7IP	the partification information countries	d with this Llina door not au	6.4 CITY-\$1-7IP	nd in Section 110 07(3)(i) Florida Statuto	s. I further certify that the

I. I do 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.

ANATURE:

Charles 31/97

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