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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 25 1997 8:00am Secretary of State

DOCUMENT # J00475 1. Corporation Name PIER POINTE RESTAURANT, INC. Principal Place of Business Mailing Address					
Principal Place of Business C/O RONALD B. ROBINSON 3 - 6TH AVENUE SO. JACKSONVILLE BCH. FL 32250-6629		C/O ROMALD B. ROBINSON 3 - 6TH AVENUE SO. JACKSONVILLE BCH. FL 32250-8629			
				3. Date Incorporated or Qualified 02/21/1986	3a. Date of Last Report 05/01/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1	and the same of th	26		59-2638219	Not Applicat
Suite Ap	D, H. CLU.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	ate	City & State		6. Election Campaign Financing	\$5,00 May Be
		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	
	9. Name and Address of Curre	29	[30]	Florida Statutes 10. Name and Address of New Re	Yes No
V	NOLF, WAYNE A.	on togistores region	81 Name	10. 110110 110 /104100 0/ /1011	ogiatoro Agoni
	3733 UNIVERSITY BLVD. W.		82 Street Add	dress (P.O. Box Number is Not Acceptal	blo)
5	SUITE 106		oz) street Adt	diess (F.O. Box Number is Not Acceptain	DIE)
J	IACKSONVILLE FL 32217		83		
			84 City	A STATE OF THE STA	85 Zip Code
					FL (
		ite of Florida, Such change was igations of, Section 607.0505, Fl	authorized by the corpora lorida Statutes.	rporation submits this statement for the patients board of directors. I hereby acceptions	pt the appointment as registered
GNATURE	Signature by an origination of registered a OFFICERS A	agent and little in applicable (NO ND DIRECTORS	authorized by the corpora lorida Statutes. TE. Registered Agent signature req. 13.		DATE CERS AND DIRECTORS IN 12
GNATURE 2.	Signatur lypping rengel hand of registered a OFFICERS A DP	agent and litter applicable (NO	TE: Reg stered Agent signature requirements 13.	uked when reinstating)	DATE
GNATURE L LE ME	OFFICERS A DP ROBINSON, RONALD B.	agent and little in applicable (NO ND DIRECTORS	TE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME	uked when reinstating)	DATE CERS AND DIRECTORS IN 12
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4. 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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAMP OF SIGNING OFFICER OR DIRECTOR

B. ROBINSIN

4/61/97246-178