

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

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**Feb 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J30139 (6)
1. Corporation Name
STACEY'S BUFFET, INC.



Principal Place of Business 601 W. BAY DR #704 LARGO FL 34640 US	Mailing Address 801 W. BAY DR #704 LARGO FL 33770-3266 US
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3. Date Incorporated or Qualified 08/22/1986	3a. Date of Last Report 07/02/1996
4. FEI Number 59-2736736	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
6. 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 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent JACK, MAUREEN STACEY'S BUFFET, INC. 801 WEST BAY DR., #704 LARGO FL 34640	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE CCEO	<input type="checkbox"/> DELETE
NAME MARRIER, STEPHEN J.	
STREET ADDRESS 801 WEST BAY DR., #704	
CITY - ST - ZIP LARGO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HUNTER, GARRETT B.	
STREET ADDRESS 40 WESTMINSTER ST., #702	
CITY - ST - ZIP PROVIDENCE RI	
TITLE P	<input type="checkbox"/> DELETE
NAME MONEY, AMOS	
STREET ADDRESS 801 WEST BAY DR., #704	
CITY - ST - ZIP LARGO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ROBENALT, JOHN F.	
STREET ADDRESS 2440 TAMIAH TRAIL N., PO BOX 1608	
CITY - ST - ZIP NOKOMIS FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HURLEY, PETER	
STREET ADDRESS 1 TURKS HEAD PLACE	
CITY - ST - ZIP PROVIDENCE RI	
TITLE CFO	<input type="checkbox"/> DELETE
NAME SULLIVAN, DANIEL J.	
STREET ADDRESS 801 WEST BA DR., #704	
CITY - ST - ZIP LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME RYAN, SCOTT	
1.3 STREET ADDRESS 111 PRESIDENTIAL BLVD. #246	
1.4 CITY - ST - ZIP BALA CYNWYD, PA 19004	
2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME JACK, MAUREEN	
2.3 STREET ADDRESS 801 WEST BAY DR., #704	
2.4 CITY - ST - ZIP LARGO, FL 34640	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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.

SIGNATURE: *Maureen Jack* **REQUIRED** 1-29-97 813-581-4492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)