

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

FILED
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
--	---	---

DOCUMENT # J30139 (6)

1. Corporation Name
STACEY'S BUFFET, INC.



Principal Place of Business 801 W. BAY DR #704 LARGO FL 34640 US	Mailing Address 801 W. BAY DR #704 LARGO FL 33770-3266 US
--	---

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	

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

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

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)