

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

**FILED**

**Feb 25 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J30139 (6)**

1. Corporation Name  
**STACEY'S BUFFET, INC.**



Principal Place of Business <b>801 W. BAY DR #704 LARGO FL 34640 US</b>	Mailing Address <b>801 W. BAY DR #704 LARGO FL 34640 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>12812 60th St. North</b> Suite, Apt. #, etc. 22 <b>#200</b> City & State 23 <b>Clearwater, FL</b> Zip 24 <b>33760</b>	2a. Mailing Address 26 <b>12812 60th St. North</b> Suite, Apt. #, etc. 27 <b>#200</b> City & State 28 <b>Clearwater, FL</b> Zip 29 <b>33760</b>	3. Date Incorporated or Qualified <b>08/22/1986</b>	4. FEI Number <b>59-2736736</b>	Applied For Not Applicable
25 <b>Pinellas</b>	30 <b>Pinellas</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>JACK, MAUREEN STACEY'S BUFFET, INC. 801 WEST BAY DR., #704 LARGO FL 34640</b>	10. Name and Address of New Registered Agent 81 Name <b>Maureen Jack</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12812 60th Street North</b> 83 Suite <b>#200</b> 84 City <b>Clearwater</b> FL 85 Zip Code <b>33760</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CCEO</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARRIER, STEPHEN J.</b>		1.2 NAME <b>MARRIER, Stephen J.</b>	
STREET ADDRESS <b>801 WEST BAY DR., #704</b>		1.3 STREET ADDRESS <b>12812 60th Street North, #200</b>	
CITY-ST-ZIP <b>LARGO FL</b>		1.4 CITY-ST-ZIP <b>Clearwater, FL 33760</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HUNTER, GARRETT B.</b>		2.2 NAME <b>Theodore Abajian</b>	
STREET ADDRESS <b>40 WESTMINSTER ST., #702</b>		2.3 STREET ADDRESS <b>440 Lawndale Drive</b>	
CITY-ST-ZIP <b>PROVIDENCE RI</b>		2.4 CITY-ST-ZIP <b>Salt Lake City, UT 84115</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>CCEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MONEY, AMOS</b>		3.2 NAME <b>Robert Wheaton</b>	
STREET ADDRESS <b>801 WEST BAY DR., #704</b>		3.3 STREET ADDRESS <b>440 Lawndale Drive</b>	
CITY-ST-ZIP <b>LARGO FL</b>		3.4 CITY-ST-ZIP <b>Salt Lake City, UT 84115</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROBENALT, JOHN F.</b>		4.2 NAME <b>Maureen Jack</b>	
STREET ADDRESS <b>2440 TAMiami TRAIL N., PO BOX 1808</b>		4.3 STREET ADDRESS <b>12812 60th Street North, #200</b>	
CITY-ST-ZIP <b>NOKOMIS FL</b>		4.4 CITY-ST-ZIP <b>Clearwater, FL 33760</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HURLEY, PETER</b>		5.2 NAME	
STREET ADDRESS <b>1 TURKS HEAD PLACE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PROVIDENCE RI</b>		5.4 CITY-ST-ZIP	
TITLE <b>CFO</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SULLIVAN, DANIEL J.</b>		6.2 NAME	
STREET ADDRESS <b>801 WEST BA DR., #704</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL</b>		6.4 CITY-ST-ZIP	

14. I 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* 1/28/98 813-507-0335

CFR2034 (10/97)