

**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 <b>Suite #200</b> 84 City <b>Clearwater</b> <b>FL</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO MARRIER, STEPHEN J. 801 WEST BAY DR., #704 LARGO FL</b> <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>D Marrier, Stephen J. 12812 60th Street North, #200 Clearwater, FL 33760</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUNTER, GARRETT B. 40 WESTMINSTER ST., #702 PROVIDENCE RI</b> <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<b>D Theodore Abajian 440 Lawndale Drive Salt Lake City, UT 84115</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MONEY, AMOS 801 WEST BAY DR., #704 LARGO FL</b> <input checked="" type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<b>CCEO Robert Wheaton 440 Lawndale Drive Salt Lake City, UT 84115</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBENALT, JOHN F. 2440 TAMiami TRAIL N., PO BOX 1808 NOKOMIS FL</b> <input checked="" type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<b>S Maureen Jack 12812 60th Street North, #200 Clearwater, FL 33760</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HURLEY, PETER 1 TURKS HEAD PLACE PROVIDENCE RI</b> <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO SULLIVAN, DANIEL J. 801 WEST BA DR., #704 LARGO FL</b> <input checked="" type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CFR2E034 (10/97)