

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J36236 (4)

1. Corporation Name

TREASURE COAST RESTAURANTS, INC.

Principal Place of Business

608 S. PARROTT AVE.
OKEECHOBEE FL 34974

Mailing Address

608 S. PARROTT AVE.
OKEECHOBEE FL 34974



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

SMITH, MITCHELL B.
1100 INDIAN MOUND TRAIL
VERO BEACH FL 32963

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. Thereby, accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if any.

Signature, typed or printed name of registered agent and title, if any.

Date

12. OFFICERS AND DIRECTORS

12.1	NAME	PD	[] DELETE
12.2	NAME	SMITH, MITCHELL B.	
12.3	STREET ADDRESS	1100 INDIAN MOUND TRAIL	
12.4	CITY-STATE-ZIP	VERO BEACH FL	
12.5	TITLE	VST	[] DELETE
12.6	NAME	SMITH, JOYCE M.	
12.7	STREET ADDRESS	1100 INDIAN MOUND TRAIL	
12.8	CITY-STATE-ZIP	VERO BEACH FL	
12.9	TITLE		[] DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	TITLE		[] DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-STATE-ZIP		
12.17	TITLE		[] DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	[] Change [] Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	[] Change [] Addition
13.5	TITLE	
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	[] Change [] Addition
13.9	TITLE	
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	[] Change [] Addition
13.13	TITLE	
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	[] Change [] Addition
13.17	TITLE	
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

Joyce M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 94637300
Date (Type the Date)

CR2E034 (12/95)