

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$326 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # J39941 (6)

1. Corporation Name
SOPHIE KAY'S FAMILY RESTAURANTS, INC.

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O SOPHIE KAY PETROS 100 S. ATLANTIC AVENUE ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/29/1986	07/19/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2894698	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
PETROS SOPHIE KAY 100 S. ATLANTIC AVENUE ORMOND BEACH, FL DAYTONA BEACH SHORES FL 32176				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				01 Name	
				02 Street Address (P.O. Box Number is Not Acceptable)	
03		04 City	FL	05 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROS, THOMAS	1.2 NAME	
STREET ADDRESS	2904 RIVER PT. DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. SHORES FL	1.4 CITY-ST-ZIP	
TITLE	POT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROS, SOPHIE KAY	2.2 NAME	
STREET ADDRESS	2904 RIVER PT. DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHRS FL	2.4 CITY-ST-ZIP	
TITLE	VPDS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROS, STEVEN DEAN	3.2 NAME	
STREET ADDRESS	3602 S. PENSACOLA DR. 3602 S. Peninsula Dr. #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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: *Sophie Kay Petros* Sophie Kay Petros, Pres. 8/8/95
Signature and typed or printed name of signing officer or director Date

904-156-4444

CR2E034 (3/95)