

**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.**

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

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

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
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2894698	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PETROS SOPHIE KAY 100 S. ATLANTIC AVENUE ORMOND BEACH, FL DAYTONA BEACH SHORES FL 32176				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

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	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL *102	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)