

**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 |
| 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. #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)