SECOND, NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (0)J42178 GRILL-TIME CLASSICS, INC. Mailing Address Principal Place of Business % JOSEPHINE B. GATES **% JOSEPHINE B. GATES** 8040 PINE NEEDLE LANE 8040 PINE NEEDLE LANE 3a. Date of Last Report W. MELBOURNE FL 32904 3. Date Incorporated or Qualified W. MELBOURNE FL 32904 06/23/1995 11/14/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2756418 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199 032 Country Zip Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GATES, JOSEPHINE B Street Address (P.O. Box Number is Not Acceptable) 82 8040 PINE NEEDLE LANE W. MELBOURNE FL 32904 83 Zip Code 84 City 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Rel) sternd Agent's gnalure required when reinstating Signature, typed or printed name of registered agent and like if approxima-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1 ) Title TITLE 1.2 NAME GATES, JOSEPHINE B. NAME 8040 PINE NEEDLE LANE 1.3 STREET ADDRESS STREET ADDRESS W. MELBOURNE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE Till F 22 NAME **G.Bates Jr., Thomas C**. NAME 8040 PINE NEEDLE LANE 2.3 STREET ADDRESS STREET ADDRESS WEST MELBOURNE FL 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIF CITY-ST-ZIF Change Addition DELETE 5.1 THILE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-S1-ZIP Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - 7IP 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)(k). 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 logal 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or or air attachment with an address Thomas C. CATOS Je. 8/6/96

COPICER OR DIRECTOR

A07-752-64

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SIGNATURE: