FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09924

(7)

ERICKSON FAMILY RESTAURANTS, INC.

ŀ	ILED
Mar 03	1997 8:00am
Secret	tary of State

Principal Place of Business Mailing Address		- I TO BEGIND TOP ACTUAL FROM TAKEN FORM BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH						
1551 DEL PRAD	DO BLVD	1860 BOYSCOUT DR.						
CAPE CORAL F	FL 33990	SUITE 201						
US		FT. MYERS FL 33907-2197			3. Date incorporated or Qualific 01/01/1988		of Last F	Report
2. Principal P	lace of Business	2a. Mailing Address	A-1 A		4. FEI Number		A	pplied For
21			9TH PL	ALE	65-0019238		N	ot Applicable
Suite, Apt. #, etc Suite, Apt. #, etc. 27				5. Certificate of Status Desired		•	Additional equired	
City & State 23 CAPE COR			H,FL	4, F L 6. Election Campaign Financing Trust Fund Contribution □			\$5.00 May Be Added to Fees	
Zip	Country	ZIP = 2001	Country	4	8. This corporation has liability	/		s. 199.032,
24	25		ω α	· rī	Florida Statutes	Yes		
<u> </u>	9, Name and Address of Curre	nt Registered Agent	81 N	ame	10. Name and Address of New	Registered A	jent	
	CKSON, WILLIAM D.		01 14	ame				
	BOYSCOUT DR.		82 Şi	reet Addre	ess (P.O. Box Number is Not Accer	table		
j FT. I	MYERS FL 33907		83	1640	5.E. 91# P	LACE	····	
			63					
			84 C	ly	0.004	P** 1	85 Zip	Code
L				AHE	CORM	FL		3704
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	e of Florida. Such change was au	thorized by the	mea corpo corporation	oration submits this statement for tr on's board of directors. I hereby ac	e purpose or c cept the appo	manging i intment as	its registered s registered
agent Te	ani familiar with, and accept the oblig	jations of, Section 607.0505, Flor	ida Statutes.	•	•			•
SIGNATURE								
40	Slight or typical or perded name of regelered ag	ent and title Lapplicable (NOTE: ND DIRECTORS	Registered Agent sig	nature require	ADDITIONS/CHANGES TO O	DATE EICERS AND	DIRECTO	RS IN 12
12. TiTLF	DSP	DETETE	11 TITLE	<u>Y</u>	ADDITIONS/CHANGES TO O		Change	Addition
NAME	ERICKSON, WILLIAM D.	F_1 DELTA	1.2 NAME			·		
STREET ADDRESS	1860 BOYSCOUT DR.		13 STREET ADD	rec 4	640 SE 9TH PL	ACE		
	FT. MYERS FL		1.4 CITY-ST-2)		DOE CAPAL	5 3=	3906	L
CITY - ST - ZIP	DV	DELETE	2.1 TITLE		THE COLLIC		Change	Addition
	ERICKSON, DONALD	П жей	22 NAME		_	•		
NAME	1860 BOY SCOUT DR #201		23 STREET ADD	4	640 SE 9TH PL	ACE		
STEEL LADORESS	FT MYERS FL		2 4 CITY-ST-ZI	1 1	APE CORAL, 1	3 32	904	
CDY-SE-7/P	T	DELETE	3.1 TITLE		ALL COERCY!		Change	Addition
NAME	ERICKSON, WILLIAM, D		3.2 NAME			•		
STREET ADDRESS	JOAN BOY COOLIT DD		3.3 STREET ADD	ucc 4	1640 SE 9TH	$ ho$ LA $e\epsilon$		
ļ	FT MYERS FL		3.4. CITY-\$T-ZI		ADE CROM.	01 3	390	4
CETMINST - ZOP THILE	TT MITERIOTE	☐ DELETE	4.1 TITLE	<u> </u>	3110 C3P1.C7		Change	Addition
NAME		- Vitter	4. 2 NAME			•		
			4.3 STREET ADD	RESS				
STREET ADDRESS			i					
TITLE	ļ	DELETE	4.4 CITY-ST-ZII 5.1 TITLE			····	Change	Addition
		C) victie	5.2 NAME			,		
NAME CONTACT ADDRESS				DECC.				
STREET ADDRESS			5.3 STREET ADD	- 1	,			
CITY - S1 - ZIP		DELETE	5.4 CITY-ST-ZO 6.1 THILE	·		T	Change	Addition
THE		L.J DECETE					onunge	L Fidulion
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADD	HESS				
CHY+S1-ZIP			64 CITY-ST-ZI	_				

I. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrupt 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 dorporation 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 in a state of the changed, or or an attachment with an address.

SIGNATURE:

2/17/97 941-540-4257