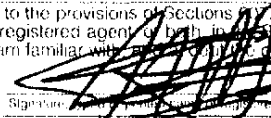
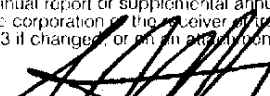


FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K63327		(6)	
1. Corporation Name STEVE'S ITALIAN KITCHEN, INC.			
Principal Place of Business PORTMAN PLAZA, STE. 306 2085 STATE ROAD 3 ST. AUGUSTINE FL 32084		Mailing Address PORTMAN PLAZA, STE. 306 2085 STATE ROAD 3 ST. AUGUSTINE FL 32084-6536	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent HAGLER, KENNETH D. 3 PALM ROW ST AUGUSTINE FL 32085-4365			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent or both in the State of Florida, such change was authorized by the corporation or agent. I am familiar with the qualifications of Section 607.0505, Florida Statutes. SIGNATURE 			
12. OFFICERS AND DIRECTORS			
12. <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DTS MELNICK, STEFAN 2085 STATE ROAD 3 ST. AUGUSTINE FL		13. <input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:  S.N. MELNICK			



CR2E034 (9/96)