FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(1)

DOCUMENT #

1. Corporation Name

NAP RESTAURANT, INC.

Principal Place of Business	Mailing Address		
1 NORTH TAMIAMI TRAIL SARASOTA FL 34236	1 North Tamiami Trail Sarasota FL 34236		



Principal Place c	N Extrain loss	Mailing Address							
1 NORTH TAM SARASOTA FL		1 NORTH TAMIAMI TR SARASOTA FL 34236	AIL						
						3. Date Incorporated or Qualified 04/04/1989		e of Last Re 5/01/199	
2. Principal Plac	no of Business	2a. Mailing Address				4. FEI Number		-TT	Applied For
2. Principar Piak 21	de di pusiness	26				65-0116170			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be
Z(p)	Country	28 Z _{(p}	<u> </u>	untry		8. This corporation has liability for	intangible t		
24	25	29	30	- 		Florida Statutes Yes 10. Name and Address of New F		Agent	
	9. Name and Address of Curre	ent Registered Agent		81	Mana	10. Name and Address of New F	egistered	Agent	
				1	Name				
PARRY, LAURENCE ONE NORTH TAMIAMI TRAIL				82	Street Add	eet Address (P.O. Box Number is Not Acceptable)			
	TA FL 34238			63					
					City		FI	_	p Code
				ove-na corpor	med corporation's bo	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of cl ointment a	nanging its i is registered	egistered offic Lagent. Lam
familiar with	h, and accept the obligations of, Se	ction 607.0505, Florida Statute	38.						
SIGNATURE _		Miles	IOTE: Projetore	ed Anno	signature requi	red when reinstaling)	DATE		
	Signature, typed or printed name of registered ag	ent and little if applicable.	13.		aigrature regon	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
12.	PT OFFICENS A	DELETE		TITLE				Change	Addition
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NAME	7825 SANDERLING RD								<i>U</i> -1
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Horida 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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERUR DIRECTOR