FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

DOCUMENT # L16286 (1)

1. THE OLEANDER FAMILY BUFFET INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10385 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411

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ROYAL PALM BEACH FL 33411

3. Date of Incorporation or Qualification: 09/18/1989

3a. Date of Last Report: 04/28/1994

4. FEI Number: 65-0156085 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent

ANSTIS, CAROLYN O.
12609 62ND LANE NORTH
WEST PALM BEACH FL 33412

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned hereby submits this statement for the purpose of changing its registered office or registered agent within this state. The undersigned further agrees that if this statement is accepted for filing, such acceptance shall constitute the appointment of registered agent, and the undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANSTIS, WILLIAM H.
STREET ADDRESS	12609 62ND LANE NO.
CITY, ST, ZIP	W. PALM BEACH FL
TITLE	DVT
NAME	ANSTIS, CAROLYN O.
STREET ADDRESS	12609 62ND LANE NO.
CITY, ST, ZIP	W. PALM BEACH FL
TITLE	DS
NAME	ANSTIS, CYNTHIA L.
STREET ADDRESS	12609 62ND LANE NO.
CITY, ST, ZIP	W. PALM BEACH FL
TITLE	DS
NAME	BICKING, LINDA D
STREET ADDRESS	6324 LANDSDOWNE CR
CITY, ST, ZIP	BOYNTON BCH FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS — Delete / Add

14. I hereby certify that the corporation has paid all fees due to the Department of State, that the annual report to be filed hereunder is accurate and that I am an officer or director of the corporation or other agent authorized to execute this report.

SIGNATURE: Carolyn O. Anstis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carolyn O. Anstis

4-30-95 407-7906465
Date Phone #

0251122 CP