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 #

(1)

THE OLEANDER FAMILY BUFFET INC.

FILED

Apr 25 1997 8:00am

Secretary of State

Principal Place of Business 10385 SOUTHERN BLVD ROYAL PALM BEACH FL 33411		Mailing Address 10385 SOUTHERN BLVD ROYAL PALM BEACH FL 33411-4339							
AVIAL PALM	DENAL LE 99411	NOTAL FALM DEACH ?	E 007[170	va		Date Incorporated or Qualified 09/18/1989		ate of Last R	Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	_ +		oplied For	
21		26			65-0156085 Not Applicab			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27			b. Certificate of Statos Besiled		Fee Re	equired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees
Ζφ	Country	Zip	Cou	untry		8. This corporation has liability fo	intangible	tax under s	. 199.032,
24	25	29	30					No	
	9. Name and Address of Curre	nt Registered Agent		ļ.,		10. Name and Address of New R	egistered	Agent	
anstis, carolyn o.				81	Name				
128	109 62ND LANE NORTH			82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)		
WE	ST PALM BEACH FL 33412						,		
				83					
				84	City			85 Zip	Code
					-	•	FL	. 1	
SIGNATURE	Signature, typed or print of name of registered ag	ent and title if applicable (N	IOTL: Registere	r		poration submits this statement for the ation's board of directors. I hereby accument ared when reinstating)	DATE	1020	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS ANI		
TITLE	DP	☐ DELETE	1.11					Change	Addition
NAME	ANSTIS, WILLIAM H.		1.2 N	IAME					
STREET ADDRESS	12609 62ND LANE NO.		1.3 \$	TREFT	ADDRESS				
CITY-ST-ZIP	W. PALM BEACH FL			HY-S	1-7IP			1 87	1 60%
TITLE	DVT	L. DELETE	2.1 T					L Change	☐ Addition
NAME	ANSTIS, CAROLYN O.		2.2 N						
STREET ADDRESS	12609 62ND LANE NO.		2.3 \$	THEET	ADDRESS				
CITY-ST-ZIP	W. PALM BEACH FL				ST-ZIP				, , , , , , , , , , , , , , , , , , ,
TITLE	D\$	☐ DELETE	3.1 T	ITLE		•		Change	Addition
NAME	ANSTIS, CYNTHIA L.		3.2 N	IAME					
STREET ADDRESS	12609 62ND LANE NO.		3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	W. PALM BEACH FL				ST - ZIP				
TITLE	DS	☐ DELETE	4.1 T	ITLE				Change	Addition
NAME	BICKING, LINDA D		4.21	NAME	ļ				
STREET ADDRESS	6324 LANDSDOWNE CR		435	STREET	ADDRESS				
CITY-ST-ZIP	BOYNTON BCH FL	· · · · · · · · · · · · · · · · · · ·	4.4 0	HTY-S	T-71P				
TITLE	_	☐ DELETE	5.1 7	ITLE				Change	Addition
NAME			5.2 N	MAME]				
STREET ADDRESS			5.3 \$	STREET	ADDRESS				
DITY-ST-ZIP			5.4 0	MY-8	1-7(P				
TITLE		☐ DELETÉ	6.1 7	HLE				Change	Addition
NAME	ļ		6.2 N	IAME					
STREET ADDRESS			6.3 \$	TREET	ADDRESS				
ATTU OF BIA	1			MT12 6					

14. I do hereby 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 annual 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 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 projek 13 if changed, or on an attachment with an address