


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L71332 (5)
1. Corporation Name
R. L. & C. RESTAURANT COMPANY

Principal Place of Business
4325 MYRTLE STREET
ST. AUGUSTINE FL 32095-0407

Mailing Address
4325 MYRTLE STREET
ST. AUGUSTINE FL 32095-0407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3020034		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CANTABENE, CHRISTOPHER J. 4325 MYRTLE ST. ST. AUGUSTINE FL 32084		10. Name and Address of New Registered Agent	
		81 Name John Michael Traynor, Esquire	
		82 Street Address (P.O. Box Number is Not Acceptable) 28 Cordova Street	
		83	
		84 City St. Augustine	
		85 Zip Code FL 32084	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  John Michael Traynor, Esq. 4/27/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LAZZARA, ROBERT S. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZZARA, ROBERT S.	1.2 NAME	Elizabeth D. Lazzara
STREET ADDRESS	175 N. ROSCOE BLVD.	1.3 STREET ADDRESS	175 N. Roscoe Blvd.
CITY-ST-ZIP	PONTE VEDRA BCH. FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D CANTABENE, CHRISTOPHER J <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTABENE, CHRISTOPHER J	2.2 NAME	Salvatore Lazzara
STREET ADDRESS	4325 MYRTLE ST.	2.3 STREET ADDRESS	175 N. Roscoe Blvd.
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Tim Bartlett
STREET ADDRESS		3.3 STREET ADDRESS	4325 Myrtle Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth D. Lazzara

4-27-98

CR2E034 (10/97)