

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

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M76033 (3)
1. Corporation Name
BAYONET RESTAURANT, INC.



Principal Place of Business 2401 W. BAY DRIVE SUITE 421B LARGO FL 34840	Mailing Address 2401 W. BAY DRIVE SUITE 421B LARGO FL 33770-4900
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3. Date Incorporated or Qualified 04/11/1988	3a. Date of Last Report 04/28/1996
4. FEI Number 59-2884850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. LUIGI B. G. 13719 Walsingham Rd Largo FL 33774
22 City & State	27 City & Largo FL 33774
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent
**SWIRSKY, LYNNE
2401 W BAY DR
SUITE 421B
LARGO FL 34840**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

**LUIGI B. G.
13719 Walsingham Rd
Largo FL 33774**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Lynne Swirsky* DATE **3/28/97**

12. OF OFFICERS AND DIRECTORS

TITLE	PD	NAME	SWIRSKY, DON
STREET ADDRESS			2401 W BAY DR, STE 421B
CITY-ST-ZIP			ST-PETERSBURG FL
TITLE	TD	NAME	KLEINFELD, BEN
STREET ADDRESS			2401 W BAY DR, STE 421B
CITY-ST-ZIP			ST-PETERSBURG FL
TITLE	SD	NAME	SWIRSKY, LYNNE
STREET ADDRESS			2401 W BAY DR, STE 421B
CITY-ST-ZIP			ST-PETERSBURG FL
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Lynne Swirsky*

CR2E034 (9/96)