


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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90101 040 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
<b>DOCUMENT # M92470</b>																																																																																																																																									
1. Corporation Name <b>PARRY'S RESTAURANT, INC.</b>																																																																																																																																									
Principal Place of Business <b>1 NORTH TAMiami TRAIL SARASOTA FL 34236-5537</b>			Mailing Address <b>1 NORTH TAMiami TRAIL SARASOTA FL 34236-5537</b>																																																																																																																																						
2. Principal Place of Business <b>21 2230 EAST MANATEE AVE</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 BRADENTON FL</b> Zip <b>24 34208</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>25 USA</b>		3. Date Incorporated or Qualified <b>08/03/1988</b> 4. FEI Number <b>65-0069860</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																					
9. Name and Address of Current Registered Agent <b>HASKINS, HARRY W 1800 2ND ST STE 819 SARASOTA FL 34236</b>			10. Name and Address of New Registered Agent <b>81 Name ARNOLD MUHLBACH 82 Street Address (P.O. Box Number is Not Acceptable) 83 1 NORTH TAMiami TRAIL 84 City SARASOTA FL 85 Zip Code 34236</b>																																																																																																																																						
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 607.0502, Florida Statutes. SIGNATURE <i>Arnold Muhlbach</i> <b>ARNOLD MUHLBACH COMPTROLLER 1/4/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																																																																																																																									
12. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PT</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>PARRY, LAURENCE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5400 OCEAN BLVD THE TERRACE APT 2-1</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA FL</td><td></td></tr><tr><td>TITLE</td><td>AS</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>PARRY, VALERIE M</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5400 OCEAN BLVD, THE TERRACE APT 2-1</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA FL</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>			TITLE	PT	<input type="checkbox"/> DELETE	NAME	PARRY, LAURENCE		STREET ADDRESS	5400 OCEAN BLVD THE TERRACE APT 2-1		CITY-ST-ZIP	SARASOTA FL		TITLE	AS	<input type="checkbox"/> DELETE	NAME	PARRY, VALERIE M		STREET ADDRESS	5400 OCEAN BLVD, THE TERRACE APT 2-1		CITY-ST-ZIP	SARASOTA FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><tr><td>1.1 TITLE</td><td>D</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>2.1 TITLE</td><td>D</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>3.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>4.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>5.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>6.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>			1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP			2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" 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		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)