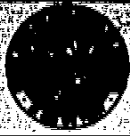


**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -9 AM 9:14

DOCUMENT # N22308 (3)

1. Corporation Name
A TASTE OF MANATEE COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5131 14TH STREET WEST 5131 14TH STREET WEST
C/O MAI LEE C/O MAI LEE
BRADENTON FL 34207 BRADENTON FL 34207

3. Date Incorporated or Qualified 08/31/1987 3a. Date of Last Report 05/24/1994
4. FEI Number 59-2842902 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEE, MAI
5131 14TH STREET WEST
BRADENTON FL 34207

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME LEE, MAI
STREET ADDRESS 6211 8TH AVENUE DR. WEST
CITY-ST-ZIP BRADENTON FL
TITLE ST
NAME LEE, MAI
STREET ADDRESS 6211 8TH AVENUE DR. WEST
CITY-ST-ZIP BRADENTON FL
TITLE ~~VD~~
NAME COFFEY, FREDERICK
STREET ADDRESS 5794 TIMBER LAKE DR.
CITY-ST-ZIP SARASOTA FL
TITLE D
NAME BLUE, HELEN J.
STREET ADDRESS 222 29TH STREET WEST
CITY-ST-ZIP BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME VD
2.3 STREET ADDRESS GAULT, LINDA
2.4 CITY-ST-ZIP 5917 Manatee Ave. West
Bradenton, FL 34209
3.1 TITLE Change Addition
3.2 NAME SD
3.3 STREET ADDRESS COFFEY, FREDERICK
3.4 CITY-ST-ZIP 5794 Timber Lake Dr.
Sarasota, FL
4.1 TITLE Change Addition
4.2 NAME TD
4.3 STREET ADDRESS ESPOSITO, GEORGE
4.4 CITY-ST-ZIP 2704-14th Street West
Bradenton, FL 34205
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: George Esposito 6-5-95 813-747-1436

GEORGE ESPOSITO (this) (Daytime Phone #)