

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 20 1997 8:00am
Secretary of State

DOCUMENT # P92 0000 10798

1. Corporation Name

Idas Bon Appetitery, INC

Principal Place of Business

Mailing Address

2208 FIRST ST
FT MYERS, FL 33901

2208 FIRST ST
FT. MYERS, FL
33901

2. Principal Place of Business

2a. Mailing Address

21 2208 FIRST ST

26 2208 FIRST ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 FT MYERS, FL

28 FT MYERS, FL

Zip

Country

Zip

Country

24 33901

25 Lee

29 33901

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ida V. Ostman #304
1766 W. Cape Coral Pkwy
Cape Coral, FL 33904

81 Name Thomas J. Ries
82 Street Address (P.O. Box Number is Not Acceptable)
1860 Pine Wood Ct
83
84 City FT MYERS FL 85 Zip Code 33905

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

Thomas J. Ries, President

6-5-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President / ~~DE~~
NAME Ida V. OSTMAN
STREET ADDRESS 1766 W. Cape Coral Pkwy
CITY-ST-ZIP Cape Coral, FL 33904

TITLE Vice President / ~~DE~~
NAME Paul OSTMAN
STREET ADDRESS 1766 W. Cape Coral, Pkwy.
CITY-ST-ZIP Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President / ~~DE~~
1.2 NAME Thomas J. Ries
1.3 STREET ADDRESS 1860 Pine Wood Ct.
1.4 CITY-ST-ZIP FT MYERS, FL 33905

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE: Thomas J. Ries

6-5-97 941-332-8151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (3/96)