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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012123 (5)

BEACH ROAD CHICKEN DINNER RESTAURANT, INC.

Principal Place of Business 4132 ATLANTIC BLVD. JACKSONVILLE FL 32207

Mailing Address

4132 ATLANTIC BLVD. JACKSONVILLE FL 32207

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

						12/11/1992			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For			
21		26				59-3155169		lot Applicable	
Suite Apt. #, etc. Suite, Apt. #, etc. 11403 Motor Yacht Dr North 27 11403 Motor Yacht Dr North			Yacht	t D	r North	5. Certificate of Status Desired		Additional leguired	
City & State City & State Jacksonville, FL Jacksonville, FL				FT.		6. Election Campaign Financing	\$5.00	May Be	
23 34 34 34 34 34 34 34 34 34 34 34 34 34				Country		Trust Fund Contribution		to Fees	
32225		Zip 32225	10 COU	ıry	US	This corporation owes or has paid the cur Personal Property Tax due June 30.		tangible No	
	g. Name and Address of Current I	J=21		10. Name and Address of New Registered					
AK	EL, EDWARD C		81	Name	10,				
1 INDEPENDENT DR					82 Street Address (P.O. Box Number Is Not Acceptable)				
SUITE 2301				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32202				83					
				84	City		14-1-7:-	<u> </u>	
					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND E			Agent	signature required			20 134 45	
TITLE	D	DELETE	13.	F		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR Change	AS IN 12 Addition	
NAME	DESALVO, VINCENT F JR		1,2 NAM				ZZ Ondrige		
STREET ADDRESS	4132 ATLANTIC BLVD		1.3 STR		nnerse 11	403 Motor Yacht Dr North			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CIT		т_	cksonville, FL 32225			
TITLE		DELETE	2.1 TITL		Lit		☐ Change	Addition	
NAME			2.2 NAA		ĺ				
STREET ADDRESS			2.3 STR	EET AD	ODRESS				
CITY-ST-ZIP	2.4			2. 4 CITY-ST-ZIP				ļ	
TITLE	DELETE			E			Change	Addition	
NAME			3.2 NAN	ΜE					
STREET ADDRESS			3.3 STR	EET AD	DORESS				
CITY - ST - ZIP			3.4. CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITL	Ε			Change	Addition	
NAME			4. 2 NAI	ME					
STREET ADDRESS			4,3 STR	eet ad	ODRESS				
CITY-ST-ZIP			4.4 CITY	/-ST-2	ZIP				
TITLE		DELETE	5.1 TITL	£			L Change	Addition	
NAME			5.2 NAM	Æ					
STREET ADDRESS			5.3 STR	eet ad	DRESS			ļ	
CITY-ST-ZIP		- Conserve	5.4 CITY		ZIP				
TITLE		☐ DELETE	6.1 TITL		ĺ		Change	Addition	
NAME			6.2 NAM	_					
STREET ADDRESS			6.3 STR						
CITY-ST-ZIP	artifu that the information quantical with	this filling does not qualify for t	6.4 CITY			action 110 07/0V/). Fladdle Grande 1/	-116 - 111 13)- f t'-	
14. Hereby certify that the information supplied with this filling 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									