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

Mailing Address

600 SOUTHLATLANTIC AVENUE

ORMOND BEACHUE 32178-7716

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

ORMOND BEACH FL 32176

600 SOUTH ATLANTIC AVENUE

appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024786 (4)

STACEY'S BUFFET OF ORMOND BEACH, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1993 02/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1451-A N. Missouri Au 21 26 59-3178880 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRUMENSCHENKEL, MICHAEL J Homer 600 S. ATLANTIC AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **ORMOND BEACH FL 32174** 83 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 agent. Or both, in the State of Epinga, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent tarm familiar with, and accept the obligations of Sections 607.0505, Florida Statutes. SIGNATURE 🗴 (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TIT. F 1.1 TITLE Change Addition Duff, Homer 1451-A N. Missowi Ave. DUFF. HÖMER NAME 1.2 NAME 600 S. ATLANTIC AVENUE STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL Largo, FL 33770 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE THILE 2.1 TITLE Change Addition Dutt, Homer BRUMENSCHENKEL, KAY 2.2 NAME 600 S. ATLANTIC AVENUE STREET ADDRESS 2.3 STREET ADDRESS ORMOND BEACH FL CHY-S1-7P 2.4 CITY-ST-ZIP DELETE Change TILE 3.1 TITLE Addition Duff, Homer BRUMENSCHENKEL, CHRIS NAME 3.2 NAME **600 S. ATLANTIC AVENUE** STREET ADDRESS 3.3 STREET ADDRESS ORMOND BEACH FL CITY - S1 - ZIP 3.4 CITY-ST-ZIP **X** DELETE **Change** 71111.8 4.1 TITLE Butt, Honer Addition BRUMENSCHENKEL, MICHAEL J NAME 4. 2 NAME 600 S. ATLANTIC AVENUE STREET ADDRESS 4.3 STREET ADDRESS ORMOND BEACH FL CITY - \$1 - ZIP 4.4 CITY-ST-ZIP DELETE 100:6 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TIFLE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. If do hereby cert ly 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