


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90143 012 \*\*\*150.00

0421200

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P93000027557**

1. Corporation Name  
**COMPREHENSIVE RESTAURANT SERVICES OF FLORIDA, IN C.**

Principal Place of Business 12423 62ND STREET NORTH SUITE 404 LARGO FL 34643	Mailing Address 12423 62ND STREET NORTH SUITE 404 LARGO FL 34643
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11100 66TH STREET N. Suite, Apt. #, etc. 22 #19 City & State 23 LARGO, FL Zip 24 33773 Country 25 USA		2a. Mailing Address 26 11100 66TH STREET NORTH Suite, Apt. #, etc. 27 #19 City & State 28 LARGO, FL Zip 29 33773 Country 30 USA		3. Date Incorporated or Qualified 04/14/1993	
		4. FEI Number 59-3180807		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SMINK, KELLY S 12423 62ND STREET NORTH SUITE 404 LARGO FL 34643			10. Name and Address of New Registered Agent 81 Name SMINK, KELLY S. 82 Street Address (P.O. Box Number is Not Acceptable) 11100 66TH STREET NORTH, SUITE 19 83 84 City LARGO FL 85 Zip Code 33773		

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: Kelly Smink (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMINK, KELLY	1.2 NAME	
STREET ADDRESS	2920 APPLING WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30341	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, PAMELA J	2.2 NAME	
STREET ADDRESS	2920 APPLING WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30341	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEKEYSER, FRED	3.2 NAME	
STREET ADDRESS	2206 HANFRED LANE, SUITE 106	3.3 STREET ADDRESS	
CITY-ST-ZIP	TUCKEY GA 30084	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly Smink DATE: 4/15/99 DAYTIME PHONE #: (727) 541-5700

CR2E034 (11/98)