

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Morth  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000035085 (8)

1. Corporation Name

ISABELLES SOUTHERN EATERY INC.

Principal Place of Business

6836 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228

Mailing Address

6836 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228



2. Principal Place of Business	2a. Mailing Address
21 609 47th St W	26 609 47th St W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 BRADENTON, FL	28 BRADENTON, FL
Zip	Zip
24 34209	29 34209
Country	Country
25	30

9. Name and Address of Current Registered Agent

POOLE, KIMBERLY C  
6836 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified	3a. Date of Last Report
05/13/1993	03/27/1995
4. FEI Number	Applied For
65-0420934	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3.
4. City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as officer or registered agent, or both, in the State of Florida, hereby certifies that the information furnished in this report is true and accurate and that the undersigned is authorized to sign this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, which requires the corporation's board of directors to accept the appointment as registered agent.

SIGNATURE

Kimberly C. Poole President Kimberly C. POOLE

7-30-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POOLE, KIMBERLY C	
STREET ADDRESS	6836 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that the information indicated on this annual report or supplemental 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 liquidator of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a true and correct copy of the certificate of incorporation or the certificate of amendment to the certificate of incorporation, and that I am empowered to execute this report as required by Chapter 617, Florida Statutes, and the rules promulgated thereunder.

SIGNATURE:

Kimberly C. Poole President Kimberly C. POOLE 7/30/96 941-741-2541

CR2E034 (3/96)