

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 STATE
 Sandra B. Morth
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000035085 (8)
 1. Corporation Name
ISABELLES SOUTHERN EATERY INC.



Principal Place of Business Mailing Address
6836 GULF OF MEXICO DR LONGBOAT KEY FL 34228 **6836 GULF OF MEXICO DR LONGBOAT KEY FL 34228**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
609 47th St W		609 47th St W		05/13/1993		03/27/1995		65-0420934	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/> Applied For		<input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired	
BRADENTON, FL		BRADENTON, FL		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		6. Election Campaign Financing Trust Fund Contribution	
34209		34209		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent
POOLE, KIMBERELY C
6836 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

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 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: *Kimberely C. Poole* *Kimberely C. Poole* **7-30-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POOLE, KIMBERELY 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
NAME		
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
12	
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14	
21	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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24	
31	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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41	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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51	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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61	<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 further certify 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 I were 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 a press.

SIGNATURE: *Kimberely C. Poole* *Kimberely C. Poole* **7/30/96** **941-741-2541**
 PRESIDENT

CR2E034 (3/96)