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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

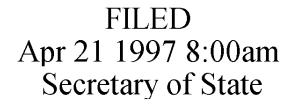
POCUMENT # P93000043059 (3)

NICK'S FAMILY RESTAURANT OF PINELLAS COUNTY, INC

Principal	Place of	Business

Mailing Address

STOL CONTRAL AUG





ST PETERSBUR	RG FL 33710			PETERSBURG		7942		i				
								-	3. Date Incorporated or Qualified 06/18/1993		ate of Last 01/1996	Report
2. Principal P	lace of Business	š .	20	Mailing Add	ress				4. FEI Number			Applied For
21			26					- 1	59-3188242			Not Applicable
Sulte, Apt.	#, etc.			Suite, Apt. #	i, etc.				5. Certificate of Status Desired		\$8.75	Additional
22	<u>_</u>		27						Certificate of Status Desired		Fee P	Required
City & State	6			City & State					6. Election Campaign Financing		\$5.00	May Be
23 '			28						Trust Fund Contribution			to Fees
Zip	ļ <u>-</u>	Country	ļ	Zip	_	Countr	У	1	B. This corporation has liability to			s. 199.032,
24	25		[29]			30					No	
1000		d Address of Cur	rent Regi	stered Agent		81	Name		0. Name and Address of New R	egistered .	Agent	
	NER, JOHN A	JK				0	Name					
	2ND AVE 8	HTC 400				82	Street A	Address	(P.O. Box Number is Not Accepta	ble)		
	TH TOWER SU					83						
) SIP	etersburg i	FL 33/U1		•		83	'					1
						84	City				85 Zip	Code
	4- 46 (nin-	260011111111111111111111111111111111111	2500 10	207.4600 []	- C - B		l			<u> FL</u>		
office or r	egistered agent,	, or both, in the St	ate of Flori	ida. Such chai	ida Statules nge was au	s, the abov ithorized b	re-named (y the corp	corporation's	ion submits this statement for the board of directors. I hereby access	purpose of ept the app	changing i ointment a:	its registered s reaistered
agentia	m familiar with, a	and accept the ob	ligations o	of, Section 607	'.0505, Flori	ida Statute	S.		ŕ			
SIGNATURE	Classics tonders	rinted name of registered			ALCON	<u> </u>						
12.	Signature, typed or pr	OFFICERS A			(NOTE:	13.	ioni signature i	required wh	ion reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTO	BS IN 12
TITLE	PVTS		1.40- 2-1110		ELETE	1 1 10 LE				021107412	☐ Change	Addition
NAME :	WILLIAMS, M	IONIQUE B				1.2 NAME				÷		
STREET ADDRESS	14053 BOTH	AVE N					1 ADDRESS					<u> </u>
DITY-ST-ZIP	SEMINOLE F	L				1.4 Cily-	- 1					15
TITLE	<u> </u>			D	ELETE	2.1 TITLE		· · · · · ·			Change	Addition (
NAME						2.2 NAME						
STREET ADDRESS						2.3 STREE	ADDRESS					
CITY-ST-ZIP						2. 4 CITY-	S1-ZIP					
TITLE				D D	ELETE	3.1 TITLE				· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME						3.2 NAME	1.					
STREET ADDRESS						3.3 STHEE	ADDRESS					
CITY-ST-ZIP						3.4. CITY-	ST - ZIP		•			
TITLE				Di	ELETE	4.1 TITLE					☐ Change	Addition
NAME						4. 2 NAME						
STREET ADDRESS						4.3 STREE	ADDRESS					
CITY-ST-ZIP						4.4 CITY - 3	\$1 - ZIP					
TITLE				☐ DI	ELFTE	5.1 TITLE					Change	Addition
NAME						5.2 NAME						1
STREET ADDRESS						5.3 \$TREF	ADDRESS					ļ
CITY-ST-ZIP						5.4 CITY - S	ST-ZIP					
TITLE				□ DI	ELETE	6.1 TITLE					Change	Addition
NAME						6.2 NAME	1					
STREET ADDRESS						6.3 STREET	ADDRESS					
CITY-ST-ZIP						6.4 CHY-5	ST - 71P					
III I ala barah	ar coefficient that the	information access	Local midle at	the Attion to the end								

Information indicated on this annual report or 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 eath; 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.