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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000058237 (7)

GRAYBORN RESTAURANT, INC.

FILED Feb 21 1997 8:00am Secretary of State

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S. Date Or Country   S. Date of Chairmens			SUITE 1002	SUITE 1002						
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City & State		ш . і.					59-3199573		<del></del>	ot Applicable
28   29   29   30   30   30   30   30   30   30   3	22		27				Certificate of Status Desired		Fee Re	equired
25   29   30   Florida Statutes   Yes   No     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent     POHL, FRANK L. 280 WEST CANTON AVENUE SITE 410   WINTER PARK FL 32789     83   Sirect Address (P.O. Box Number is Not Acceptable)     84   City		te	28							
9. Name and Address of Current Rigistered Agent  POHL, FRANK L. 280 WEST CANTON AVENUE STE 410 WINTER PARK FL 32789  82 Street Address (P.O. Box Number is Not Acceptable)  83 ACITY-ST-2P ITHE  DELETE ALTAMONTE SPRINGS FL 32714  10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 110. Name and Address of New Registered Agent 110. Name and Address of New Registered Agent 111. Pursuant to the provisions of Sections Sol. 1508, Florida Statutes, the advoce-hanned corporation submits this statement for the purpose of changing its 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 and accept the delignment of the purpose.  SIGNATURE Signature, species or present answer of responses agent and time it applicable.  DELETE 11 ITHE DATE  OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 12 NAME 12 NAME 23 SIRRET ADDRESS CITY-S1-2P  THE DELETE 11 ITHE CHANGES 13 SIRRET ADDRESS CITY-S1-2P  THE DELETE 11 ITHE CHANGES 13 SIRRET ADDRESS CITY-S1-2P  THE DELETE 11 ITHE CHANGES 14 SIRRET ADDRESS CITY-S1-2P  THE CHANGES CI	h	Country	Zip		untry	,	· · · · · · · · · · · · · · · · · · ·			199.032,
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PURIL, PHANK L.  280 WEST CANTON AVENUE STE 410 WINTER PARK FL 32789  84 City FL 85 Zip Cod office or registered agont, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its re office or registered agont, 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 agont, 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 agont, 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 agont, or both, in the State of Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS. IN THE PROPERTY of The STATE OFFICERS AND DIRECTORS IN THE PROPERTY of The STATE OFFICERS AND DIRECTORS IN THE PROPERTY of The STATE OFFICERS AND DIRECTORS IN THE PROPERTY of THE STATE OFFICERS AND DIRECTORS IN THE PROPERTY of THE STATE OFFICERS AND DIRECTORS IN THE PROPERTY of THE STATE OFFICERS AND DIRECTORS IN THE PROPERTY of THE STATE OFFICERS AND DIRECTORS IN THE PROPERTY of THE PROPERTY of THE PROPERTY OFFICERS AND DIRECTORS IN THE PROPERTY of THE PROPERTY OFFICERS AND DIRECTORS IN THE PROPERTY OFFICERS AND DIRECTORS IN THE PROPERTY OFFICERS OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	ļ	9. Name and Address of Curre	ent Hegistered Agent			I Nama	10. Name and Address of New Ke	gistered /	тдепт	
STE 410 WINTER PARK FL 32789  83  84 City FL 85 Zip Cool T1. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re- 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 and farmer of reposed agent and such applicable.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  OFFICERS AND DIRECTORS IN TITLE  PD GRAYSON, JEFFREY H 12. ALTAMONTE SPRINGS FL 32714  DELETE  1.1 TITLE  1.2 ANME  1.2 ANME  2.2 NAME  2.2 NAME  2.3 SIRRET ADDRESS  CITY-S1-ZIP  ITILE  DELETE  3.1 TITLE  Change  Chan	PO	HL, FRANK L.			61	Name				
WINTER PARK FL 32789    63					82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)		· · · · · · · · · · · · · · · · · · ·
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its redifice 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: type: or pretion manner of reposeed agent and total # applicable.					83		***************************************			
11. Pursuant to the provisions of Soctions 607 0502 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region of the component of the purpose of changing its region of the component of the purpose of changing its region of the component of the purpose of changing its region of the component of the purpose of changing its region of the component of the purpose of changing its region of the component of the purpose of changing its region of the purpose of changing its region of the component of the purpose of changing its region of changing its region of the purpose of changing its region of changing its					84	City		CI	85 Zip /	Code
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14. I do 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 inchanged, or on amultiachment with an address.

SIGNATURE:

MANUAL TOURS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-97

407-869-5600