

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 MAY -1 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Hanske B. Murdoch  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000069648 (2)**

1. Corporation Name  
**B.S.V. RESTAURANTS, INC.**

Principal Place of Business: **% GEORGE L. HAYES III P.A. 696 1ST AVE. NORTH, SUITE 303 ST. PETERSBURG FL 33701**  
Mailing Address: **% GEORGE L. HAYES III P.A. 696 1ST AVE. NORTH, SUITE 303 ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Created <b>10/07/1993</b>	3a. Date of Last Report <b>10/04/1994</b>
21. State, Apt # etc.	22. City & State	26. State, Apt # etc.	27. City & State	4. FEI Number <b>59-3204679</b>	Applied For <input type="checkbox"/> Not Applicable
24. City	25. Country	29. City	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**GEORGE L. HAYES III, SERVICES INC.  
696 1ST AVENUE NORTH  
SUITE 303  
ST. PETERSBURG FL 33701**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.04(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the 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 607.05(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_ Title: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>D PS VENTIMIGLIA, SALVATORE</b>	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>% 696 1ST AVE. NORTH, SUITE 303 ST. PETERSBURG FL 33701</b>	12 NAME	
CITY	<b>D VENTIMIGLIA, REBECCA</b>	13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>% 696 1ST AVE. NORTH, SUITE 303 ST. PETERSBURG FL 33701</b>	14 NAME	
CITY		15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		16 NAME	
CITY		17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		18 NAME	
CITY		19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		20 NAME	
CITY		21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		22 NAME	
CITY		23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		24 NAME	
CITY		25 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		26 NAME	
CITY		27 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		28 NAME	
CITY		29 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		30 NAME	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19(1)(7)(D), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, director or incorporator of the corporation or the receiver or trustee appointed to succeed the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an attorney at law.

SIGNATURE: *Salvatore Ventimiglia*  
PRINTED AND TYPED ON PRINTED NAME OF OFFICER OR DIRECTOR

4-28-95, (813) 822 6883