

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

**APPROVED AND FILED**

**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)**

**B.S.V. RESTAURANTS, INC.**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created <b>10/07/1993</b>		3a. Date of Last Report <b>10/04/1994</b>	
4. FEI Number <b>59-3204679</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for exchange fee under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GEORGE L. HAYES III, SERVICES INC.</b> <b>696 1ST AVENUE NORTH</b> <b>SUITE 303</b> <b>ST. PETERSBURG FL 33701</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				<b>FL</b> B5 Zip Code			

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: Registered Agent (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	<b>D PS VENTIMIGLIA, SALVATORE</b>	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	<b>% 696 1ST AVE. NORTH, SUITE 303</b>	13.2 NAME	
12.3 CITY	<b>ST. PETERSBURG FL 33701</b>	13.3 STREET ADDRESS	
12.4 NAME	<b>D VENTIMIGLIA, REBECCA</b>	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS	<b>% 696 1ST AVE. NORTH, SUITE 303</b>	13.5 STREET ADDRESS	
12.6 CITY	<b>ST. PETERSBURG FL 33701</b>	13.6 NAME	
12.7 NAME		13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS		13.8 NAME	
12.9 CITY		13.9 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		14.0 NAME	
12.11 STREET ADDRESS		14.1 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 CITY		14.2 NAME	
12.13 NAME		14.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		14.4 CITY	
12.15 CITY		14.5 NAME	
12.16 NAME		14.6 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS		14.7 NAME	
12.18 CITY		14.8 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME		14.9 NAME	
12.20 STREET ADDRESS		14.10 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 CITY		14.11 NAME	
12.22 NAME		14.12 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 STREET ADDRESS		14.13 NAME	
12.24 CITY		14.14 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.01(2), 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 registered agent of the corporation or the receiver or trustee appointed to succeed this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. I am an attorney at law.

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

**4-28-95, (813) 822-6883**