

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **10/07/1993** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3204679** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2900 4th St. N.** Suite, Apt. #, etc.: **22**
City & State: **23 St. Petersburg Fl.** City & State: **27**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
GEORGE L. HAYES III, SERVICES INC. 696 1ST AVENUE NORTH SUITE 303 ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent
81 Name: **George L. Hayes III Services Inc.**
82 Street Address (P.O. Box Number is Not Acceptable): **1 Progress Plaza**
83 **Suite 1310**
84 City: **St Petersburg** FL 85 Zip Code: **33701**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 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: *[Signature]* Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when submitting.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	VENTIMIGLIA, SALVATORE	
STREET ADDRESS	% 696 1ST AVE. NORTH, SUITE 303	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VENTIMIGLIA, REBECCA	
STREET ADDRESS	% 696 1ST AVE. NORTH, SUITE 608	
CITY - ST - ZIP	ST. PETERSBURG FL 33704	
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

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	2900 4th St. N. St. Petersburg, Fl.
4. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	100001829901
54. CITY - ST - ZIP	-05/20/96--01058--024
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	***200.00
64. CITY - ST - ZIP	

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 119.07(3)(k), 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 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4/29/96** (813) 522-6683
By: *[Signature]* (813) 522-6683

CR2E034 (12/95)