

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077412 (3)

1. Corporation Name

RESTAURANT VENTURES OF JACKSONVILLE, INC.

Principal Place of Business

870 DEVON PLACE
HEATHROW FL 32746

Mailing Address

370 DEVON PLACE
HEATHROW FL 32746-5038



2. Principal Place of Business		2a. Mailing Address	
21 661 Stonefields Loop	26 661 Stonefields Loop		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 Heathrow, FL	28 Heathrow, FL		
Zip	Country	Zip	Country
24 32746	25 U.S.A.	29 32746	30 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1993	04/19/1996
4. FEI Number	Applied For
59-3207679	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax 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			
RYAN, KELLY T ESO 120 SOUTH ORANGE AVENUE ORLANDO FL 32801							
				81 Name	PAUL CIPPARONE		
				82 Street Address (P.O. Box Number is Not Acceptable)	661 Stonefields Loop		
				83			
				84 City	Heathrow	FL	85 Zip Code
							32746

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 *Paul Cipparone* PAUL CIPPARONE 4/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VTD	<input type="checkbox"/> DELETE		1.1 TITLE	VTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CIPPARONE, TONY			1.2 NAME	CIPPARONE, TONY		
STREET ADDRESS	102 BECKET LANE			1.3 STREET ADDRESS	815 SHIVER CIR		
CITY-ST-ZIP	HEATHROW FL 32746			1.4 CITY-ST-ZIP	WAKE MAN, FL 32746		
TITLE	PSD	<input type="checkbox"/> DELETE		2.1 TITLE	P.S.D.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CIPPARONE, PAUL			2.2 NAME	CIPPARONE, PAUL		
STREET ADDRESS	370 DEVON PLACE			2.3 STREET ADDRESS	661 Stonefields Loop		
CITY-ST-ZIP	HEATHROW FL 32746			2.4 CITY-ST-ZIP	Heathrow, FL 32746		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 if changed, or on an attachment with an address.

SIGNATURE *Paul Cipparone* 4/14/97 407-333-3238

CR2E034 (9/96)