

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000077412

1. Corporation Name

RESTAURANT VENTURES OF JACKSONVILLE, INC.

Principal Place of Business

661 STONEFIEND HOOP  
HEATHROW FL 32746  
US

Mailing Address

661 STONEFIEND HOOP  
HEATHROW FL 32746  
US

2. Principal Place of Business

21 661 Stonefiend Loop

2a. Mailing Address

26 661 Stonefiend Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Heathrow FL

City & State

28 Heathrow, FL

Zip

Country

24 32746 25 USA

Zip

Country

29 32746 30 USA

9. Name and Address of Current Registered Agent

CIPPARONE, PAUL  
661 STONEFIEND HOOP  
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name

PAUL CIPPARONE

82 Street Address (P.O. Box Number is Not Acceptable)

661 STONEFIEND LOOP

83

84 City

HEATHROW

FL

85

Zip Code

32746

11. Pursuant to the provisions of Section 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LAKE MARY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HEATHROW FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HEATHROW FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HEATHROW FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HEATHROW FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HEATHROW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90254 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1993

4. FEI Number

59-3207679

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 owes the current year Intangible  
Personal Property Tax.

Yes No

CR2E034 (11/98)