


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

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May 01 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 # P94000012353 (6) 1. Corporation Name LENNY & VINNY'S, INC.					
Principal Place of Business 8403 BENJAMIN ROAD SUITE A TAMPA FL 33634 US			Mailing Address 8403 BENJAMIN ROAD SUITE A TAMPA FL 33634 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 6950 CENTRAL AVENUE Suite, Apt. #, etc. 27 SUITE 180 City & State 28 ST. PETERSBURG FL Zip Country 29 33707 30		3. Date Incorporated or Qualified 02/08/1994	
				3a. Date of Last Report 04/30/1996	
				4. FEI Number 59-3230784	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HANEY, R. REID ESQUIRE C/O 4100 BARNETT PLAZA 101 EAST KENNEDY BOULEVARD TAMPA FL 33602			10. Name and Address of New Registered Agent 81 Name PAUL L. SAMSON 82 Street Address (P.O. Box Number is Not Acceptable) 6950 CENTRAL AVENUE, SUITE 180 83 84 City ST. PETERSBURG FL 85 Zip Code 33707		
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 <i>Paul L. Samson</i> PAUL L. SAMSON DATE 4/25/97 <small>Signature typed or printed name of registered agent, if title is applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS TITLE DPST <input type="checkbox"/> DELETE NAME SAMSON, PAUL STREET ADDRESS 8403 BENJAMIN ROAD, STE. A CITY-STATE-ZIP TAMPA FL 33634			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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)(j), Florida Statutes. I further certify that the information is dated 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 <i>Paul L. Samson</i> PAUL L. SAMSON DATE 4/4/97 DAYTIME PHONE # 813-341-2122 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			400002164134 -05/02/97--01115--023 ***165.00		

CR2E034 (9/96)