


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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90048 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000029345

1. Corporation Name
STACEY'S BUFFET OF SOUTH DAYTONA, INC.



Principal Place of Business 2400 S. RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119	Mailing Address 2400 S. RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2400 S. Ridgewood Ave		2a. Mailing Address 26 2400 S. Ridgewood Ave.		3. Date Incorporated or Qualified 04/15/1994
Suite, Apt. #, etc. 22 Suite #1		Suite, Apt. #, etc. 27 Suite #1		4. FEI Number 59-3231449
City & State 23 South Daytona, FL		City & State 28 South Daytona, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32119		Zip 29 32119		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BRUMENSCHENKEL, MICHAEL J
2400 S. RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119**

10. Name and Address of New Registered Agent

81 Name Michael J. Brumenschenkel
82 Street Address (P.O. Box Number is Not Acceptable) Stacey's Buffet
83 2400 S. Ridgewood Ave, #1
84 City South Daytona FL **85 Zip Code 32119**

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, 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 VS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUMENSCHENKEL, KAY		1.2 NAME	
STREET ADDRESS 2400 S. RIDGEWOOD AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH DAYTONA FL		1.4 CITY-ST-ZIP	
TITLE PT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUMENSCHENKEL, MICHAEL J		2.2 NAME	
STREET ADDRESS 2400 S. RIDGEWOOD AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH DAYTONA FL		2.4 CITY-ST-ZIP	
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 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 #

CR2E034 (11/98)