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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 09 1997 8:00am

Secretary of State

(96/6)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037593 (8)

TARPON WOODS RESTAURANT CORP.

Principal Place of Business Mailing Address 1100 TARPON WOODS BLVD P. O. BOX 71 PALM HARBOR FL 34685 **DEWITT NY 13214-0071** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/18/1994 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NO PL 3001 JAMES 59-3243819 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be SYRACUSE 23 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s 199 032, 13206 ONONDAG Yes 🗌 No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ASCIOTI, PAUL C 1100 TARPON WOODS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34685 83 **B4** Ċitv Zip Code 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. Florida accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signifure, typod or printed name of orgistered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TILL 1.1 TITLE MURACO, MICHAEL S NAME 1.2 NAME 3001 JAMES ST, 2NO PL P.O. BOX 71 STREET ADORESS 1.3 STREET ADDRESS **DEWITT NY** CITY - ST - ZIF 1.4 CITY - ST - ZIP DELETE Addition THE 2.1 TITLE NAME 2.2 NAME SHEET LADORESS 2.3 STREET ADDRESS OHY-\$1-20 2.4 CITY - ST - ZIP DELETE MILE 3.1 TITLE Change Addition 3.2 NAME STREET LABORESS 3.3 STREET ADDRESS CHY-ST ZIE 3.4. CITY-ST-ZIP DELETE THEF 4.1 TITLE Addition NAME 4 2 NAME STHEET ALIGNESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TPLE Addition 51 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CHY+ST-ZiP 5.4 CITY-ST-ZIP DELETE Change TITLE Addition 6.1 THLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** C 19 - S1 - 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 rupplemental 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 of 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 chapted, or on an atach ment with an address.