FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000064521	(5)
1 Corporation Name		• •

S & V RESTAURANTS, INC.

25

VERNON, GRANT E

#135

1700 N. ATLANTIC AVE.

COCOA BEACH FL 32931

O IL Y HEOTAGINATO, MO.						
Principal Place of But	siness	Mailing Add	ress			1881 MINIB (1881 1181 1
200 N. ATLANTIC AVE. COCOA BEACH FL 32931		200 N. ATLANTIC AVE. COCOA BEACH FL 32931				
				3. Date incorporated or Qualified 08/29/1994	3a, Date of La 04/2	st Report 1/1995
2. Principal Place of	Business	2a. Mailing /	Address	4. FEI Number 59-3263863		Applied For Not Applicat
Suite, Apt. #, etc.		Suite, A	pt. #, etc.	5. Certificate of Status Desired	1 T =	.75 Additional ee Required
City & State	A SA MEN TO SERVICE STATE OF THE SERVICE STATE OF T	City & S	tate	Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
710	Country	Zip	Country	8. This corporation has liability for	r intangible tax und	lers 199.032,

Added to Fees unders 199.032, Yes 🔲 No Florida Statutes 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 83 Zip Code 85 84 Çity

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	lignature: typed or printed name of registered agent and title if appl	catie. NOTE: FI	logistered Agant signature require	st when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITUE	Change Addition		
NAME	STEVENS, WALTER F II		1.2 NAME			
STREET ADDRESS	%200 N. ATLANTIC AVE.		1,3 STREET ADDRESS			
CITY - S1 - ZIP	COCOA BEACH FL 32931		1.4 CITY - ST - ZIP			
TITLE	STD	DELETE	2. 1 TITLE	Change Addition		
NAME	VERNON, GRANT E		2.2 NAME			
STREET ADDRESS	1700 N. ATLANTIC AVE., #135		2.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931		2 4 CITY - S1 - ZIP	Fresh () () ()		
TITLE	VPD	DELETE	3. 1 TITLE	Change Addition		
NAME	STEVENS, TRACEY V		3.2 NAME			
STREET ADORESS	200 N. ATLANTIC AVE.		3.3. STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL		3 4 CITY - ST - ZIP			
10TLE		DELETE	4 1 TITLE	Change Addition		
NAME			4 2 NAME			
STREET AUDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-ZIP			5.4 CHY-ST-7/F	P 01 P 1100		
TITLE		DELETE	6. 1 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST-7IP			6.4 CITY - ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under cath; 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 fg.thanged, or on an attachment with an address.

SIGNATURE:

EVENS VICE PRESIDENT 4:39.96 (407)783-7181

Applied For Not Applicable