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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400064521 (5)

S & V RESTAURANTS, INC.

Principal Place of Business Mailing Address 200 N. ATLANTIC AVE. 200 N. ATLANTIC AVE. COCOA BEACH FL 32931-2963 COCOA BEACH FL 32931 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 08/29/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3263863 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No Ζıρ 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VERNON, GRANT E 1700 N. ATLANTIC AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **≠135** 83 COCOA BEACH FL 32931 В4 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signiture: typica or ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 OFFICERS AND DIRECTORS 13. PD DELETE Change Addition THE 1.1 TITLE STEVENS, WALTER F II 1.2 NAME NAME %200 N. ATLANTIC AVE. 1.3 STREET ADDRESS SERFEL ADDRESS COCOA BEACH FL 32931 CITY - ST- 716 1.4 CITY - ST - ZIP Change STD DELETE 2.1 TITLE Addition THEE VERNON, GRANT E 2.2 NAME NAME 1700 N. ATLANTIC AVE., #135 STREET ADDRESS 2.3 STREET ADDRESS COCOA BEACH FL 32931 2.4 CITY-ST-ZIP CITY-ST DELETE Change 3.1 TITLE Addition TIFLE STEVENS, TRACEY V 3.2 NAME NAME 200 N. ATLANTIC AVE. 3.3 STREET ADDRESS STREET ACORESS COCOA BEACH FL 3.4. CHTY-ST-ZIP CITY - ST- 7P DELETE Change ■ Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY - ST - ZIP CITY: \$1.20 Addition DELETE Change 51 TITLE TIBLE NAM 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIE DELETE 61 TITLE Change Addition THILE 6.2 NAME NAMI STREET ACCIDEESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. If 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

SIGNATURE:

appears in Block 12 or Block 13 i

STATE AND TYPED ON PHYSICAL STATES OFFICER OR DIRECTOR

4-29-97 F

FILED

May 12 1997 8:00am

Secretary of State

HO7)452-4496 Daylime Phone #