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PROFIT CORPORATION ANNUAL REPORT

1996

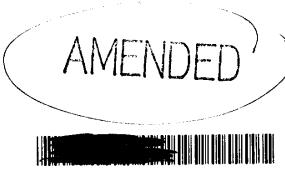


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000064629 (6)

1. Corporation Name

OLE DIXIE RESTAURANTS, INC.



Principal Place	of Business	Mailing Address			With the same of t	778 (78187) (((())) (())	144 A4811 PIDIL B1817 1986
1741 Gra	fton St.	1741 Grafton	St.				
Halifax		Halifax		-	3. Date Incorporated or Qualified	3a. Date of La	asi Report
	tia, Canada B3J-2W1	Nova Scotia,	Canada B3J.	-2W1	08/25/1994		,
		2a. Mailing Address			4. FEI Number		Applied For
2. Principal Pla	Ce of Business	26			59-3363779		Not Applicable
Suite, Apt #	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1) 7 -	3.75 Additional
22	,	27			5. Certificate of States Desired		Fee Required
City & State		City & State			6. Election Campaign Financing	1 1 '	5.00 May Be
23		28			Trust Fund Contribution	·	Added to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for in	tangible tax und □ No	ser \$ 199.032,
24	25	1	30		Fiorida Statutes Yes 10. Name and Address of New Re		
	9. Name and Address of Current	Registered Agent	81 Name		IO. Name and Address of New Ne	Alateira vac.	
	nrr, Esquire		[-1]				
	Hibiscus Blvd., #138	3	82 Street	Address	(P.O. Box Number is Not Acceptable	9)	
Melbourn	ne, FL 32901		82				
			83				
			84 City			FL 85	Zip Code
-	o the provisions of Sections 607.0502 a						a to registered office
familiar wit SIGNATURE	o the provisions of Sections 607.0502 a dd agent, or both, in the State of Florida h, and accept the obligations of. Section Signature, typed or printed name of registered size is	in 607.0505, Florida Statutes	Registered Agent signature			DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
12.	D	DIRECTORS DELETE	13. 1 1 TITLE			CERS AND DIR	
	D Hurst, Gary R.	☐ DELETE			ADDITIONS/CHANGES TO OFFICE		
1 - :	D Hurst, Gary R. RRI, Queensland,	☐ DELETE Halifax County	1 1 TITLE	Pres	ADDITIONS/CHANGES TO OFFICE		
NAME	D Hurst, Gary R.	DELETE Halifax County da BoJ-1B0	1 1 TITLE 12 NAME	Pres	ADDITIONS/CHANGES TO OFFICE SIDENT/Director	XE CH	ange 🗌 Addition
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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 it 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 triat my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1/96 407-722-260