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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000065811 (9)

1. Corporation Name
CHATTERBOX BAR & GRILLE, INC.



Principal Place of Business: 850 WICKHAM ROAD
MELBOURNE FL 32935
Mailing Address: 850 WICKHAM ROAD
MELBOURNE FL 32935-6804

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 08/31/1994 | 3a. Date of Last Report 06/24/1996 |
| 4. FEI Number 58-3263934 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country |
|--|---|

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|--|--|
| 9. Name and Address of Current Registered Agent FRESE, GARY B 930 SO. HARBOR CITY BLVD. STE. 505 MELBOURNE FL 32901 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------|---|---------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS | STREET ADDRESS | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
| CITY - ST - ZIP | CITY - ST - ZIP | 2.1 TITLE | 2.2 NAME |
| | | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| | | 3.1 TITLE | 3.2 NAME |
| | | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| | | 4.1 TITLE | 4.2 NAME |
| | | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| | | 5.1 TITLE | 5.2 NAME |
| | | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| | | 6.1 TITLE | 6.2 NAME |
| | | 6.3 STREET ADDRESS | 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 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.

SIGNATURE: 1-13-97 (407) 254-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0103995

CR2E034 (9/96)