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PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400072380 (6) WORLD FAMOUS BULL TAVERN, INC.

FILED Mar 26 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 7217 ATLANTIC BLVD 7217 ATLANTIC BLVD JACKSONMILLE FL 32211 JACKSONVILLE FL 32211 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 10/03/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3272526 Not Applicable Suite, Apl. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zm This corporation owes or has paid the current year Intangible Yes □ No 24 30 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAWKINS, ALBERT E 7528 BROCKHURST DR Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32211 83 84 KJONYILLE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Addition TITLE 1.1 TITLE Change HAWKINS, ALBERT E NAME 1.2 NAME 24 ADERHOLD ROAD 7528 BROCKHURST DR STREET ADDRESS 1.3 STREET ADDRESS JACKSONMLLE FL 32211 ACKJONYILLE FL 32216 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 THILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 41 TITLE Addition TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(TY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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: Albert ? Howhens ALBERT E. HAWKINS 1/7/98 (804)721-3452