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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000082063 (6)

LENNY & VINNY'S OF BRANDON, INC.

Principal Place of Business Mailing Address 887 E. BLOOMINGDALE AVE. 6950 CENTRAL AVE **BRANDON FL 33511** STE 180 DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33707 3. Date Incorporated or Qualified 10/12/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 8405 BENJAMIN RO 59-3293268 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITEJ Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be TATPA 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USwie 24 26 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PAUL L. SAMSON EV R. REIO ess (P.O. Box Number is Not Acceptable E. KENNEDY BLVO 6950 CENTRAL AVENUE 82 is Not Acceptable) **STE 180** 83 ST. PETERSBURG FL 33707 SUTTE 84 Zip Code 33602 TAMPA 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 ine of registers (Aigen) and title if applicable
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE NAME SAMSON, PAUL L 1.2 NAME 840**5** benjamin RD ste J STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP Addition TITLE DELETE 31 TITLE Change 3.2 NAME NALIF 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

64 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 agenual 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 colposation or type acceived 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 charged, or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

PAUL L SAMSON

4/6/98 813-882-4336

Change

Change

Addition

Addition

FILED

May 13 1998 8:00am

Secretary of State