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 # P95000030542 (1)

RESTAURANT CREATIONS, INC.

Principal Plac	e of Business	Mailing Addre	Mailing Address			- I INDILLORU YAN ERKAL OKINY DONIN ODNIN ERKIL ORAN	18 (11)1 00(0) 01(1) 01010 1)P1 (00)
8363 BORD TERRACE MORTH #4504 PINELLAS PARK FL 34666		6363 83RD T	6363 93RD TERRACE NORTH #4504				
						DO NOT WRITE IN THIS SPACE	
PINELLAS PA	PK FL 34668	PINELLAS PA	PINELLAS PARK FL 34666			3. Date Incorporated or Qualified	FIID SPACE
						04/14/1995	
2. Principal P	lace of Business	2a. Mailing Ad	idress			4. FEI Number	Applied For
21		26				59-3316427	Not Applicable
Suite, Apt.	Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	1				Fee Required
City & State		<u> </u>	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28 Zip	Т	Country		Trust Fund Contribution	Added to Fees
24	, ·		, , ,			Personal Property Tax due June 30.	Yes No
	g, Name and Address of Cur	29 rrent Registered Ager		1		10. Name and Address of New Registe	red Agent
ST	OWELL, DEBORAH J			81	Name		
6363 93RD TERRACE NORTH				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
#4	504						
PIN	IELLAS PARK FL 34666			83			
				84	City		85 Zip Code
		0.500					<u> </u>
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							
•	m familiar with, and accept the ob	oligations of, Section 6	07.0505, Florid	a Statutes)		
SIGNATURE	Signature, byted or printed name of registered	Larged and title if exclusable	(NOTE B	noistated Aze	nt signet ye regi	uired when reinstaling) DA	TE
12.		AND DIRECTORS	(10.0	13.	an angriatoro requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE	ST		DELETE 1.1				Change Addition
NAME	STOWELL, DEBORAH J.			1.2 NAME			
STREET ADDRESS	6363 93RD TERRACE NOR	ITH #4504		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL			1.4 CITY - S	T- ZIP		
TITLE	P	Ц	DELETE	2.1 TITLE	İ		☐ Change ☐ Addition
NAME	STAMBOUGH, ROBERT W			22 NAME	ļ		
STREET ADDRESS	6393 93RD TERRACE N #	4504		2.3 STREET			
CITY-ST-ZIP	PINELLAS PARK FL		DELETE	2.4 CITY - S	17-ZIP		Change Addition
TITLE	VP	L	DELETE	3 1 THTLE			Citatibe Cit vocition
NAME	STAMBAUGH, JOHN 5501 GULF BLVD			3.2 NAME			
STREET ADDRESS	ST PETESBURG BEACH F	1		3 3 STREET			
CITY-ST-ZIP TITLE	SI PETESBONG DEACH P		DELETE	3.4. CITY - S 4.1 TITLE	11 - ZIP		Change Addition
NAME		L.J	DECETE	4. 2 NAME	,		C briange C Addition
STREET ADDRESS				4.3 STREET	ADDRESS		
City-St-Zip			ĺ	4.4 CITY-S			
TITLE		П	DELETE	5.1 TITLE	1- CIF		Change Addition
NAME				5.2 NAME	Ì		- v har
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-S			
TITLE			DELETE	6.1 TITLE			Change Addition
NAME		-		62 NAME			
STREET ADDRESS			į	63 STREET	ADDRESS		
4							

14. I 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:



4/30/98 (813)360-6861

FILED

May 08 1998 8:00am

Secretary of State