

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

FILED

**Jan 24 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 # P95000034550 (0)

1. Corporation Name
HAWA RESTAURANTS, INC.



Principal Place of Business: **5601 BEACH BLVD JACKSONVILLE FL 32207**
Mailing Address: **5601 BEACH BLVD JACKSONVILLE FL 32207-5170**

3. Date Incorporated or Qualified: **04/25/1995**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **28** Country: **30**

4. FEI Number: **59-3310198** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**AKEL, EDWARD C
1 INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 DELETE

TITLE: **D**
NAME: **HAWA, CHAFIC F**
STREET ADDRESS: **5601 BEACH BLVD**
CITY-ST-ZIP: **JACKSONVILLE FL 32207**

TITLE: DELETE
NAME: **VICE PRESIDENT**
STREET ADDRESS: **HAWWA FARID**
CITY-ST-ZIP: **2309 SMULLIAN TR S JACKSONVILLE, FL 32217**

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME: **VICE PRESIDENT**
2.3 STREET ADDRESS: **HAWWA FARID**
2.4 CITY-ST-ZIP: **2309 SMULLIAN TR. S. JACKSONVILLE, FL 32217**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
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: _____ Date: **1/15/97** Daytime Phone #: **(904) 398 4011**

CR2E034 (9/96)