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

PROFIT CORPORATION ANNUAL REPORT

1997

I am an officer or director appears in Block 12 or 8



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035061 (7)

KISSIN' CUZZINS NEIGHBORHOOD RESTAURANTS, INC.

Principal Plac 321 6TH AVEN INDIAN ROCKS		321 6TH AVE	Mailing Address 321 6TH AVENUE INDIAN ROCKS BEACH FL 33785-2549				
						3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	Applied For
21		26				59-3317713	Not Applicable
Suite, Apt.	#, etc	Suite, Ap	it. 41, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & St	ate			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zιp		Country	,	8. This corporation has liability fo	
24	25	29		30		Florida Statutes 10. Name and Address of New F	Yes No
DIA	9. Name and Address of Cu	urrent Hegistered Age	ont	81	Name	10. Name and Address of New P	reflerenan when
	E, MICHAEL P 6TH AVENUE						
	IAN ROCKS BEACH FL 3463	5		, 82	Street A	Address (P.O. Box Number is Not Accept	able)
ועווו	MI HOONG DENOM I E GTOC	•		83			
				84	City		85 Zip Code
					 		FL
office or a	registered agent, or both, in the S	State of Florida, Such e	:hande was ai	utharized by	/ the cord	corporation submits this statement for the oration's board of directors. I hereby acc	 purpose of changing its registered ept the appointment as registered
agent. I a	am familiar with, and accept the c	obligations of, Section	607.0505, Floi	rida Statute	3	·	
SIGNATURE	Signature, typed or printed name of register	ed sound and tale if apply alife	eyou.	Recustored Am	or serval re	required when re-instating)	DATE
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	Γ	OFTE	1,1711LE			Change Addition
NAME	RICE, MICHAEL P			1.2 NAME			
STREET ADDRESS 321 6TH AVENUE				1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		DELETE	1.4 CITY - S	31 - Z(P		Change Addition
TITLE	DIOC ZODAINA	L	_ DECETE	2.1 1111.6			Change Addition
NAME	RICE, ZORAIMA 321 6TH AVENUE			2.2 NAME	I FIDDE OF		
STREET ADDRESS	INDIAN ROCKS BEACH FL	34835		2.3 STREET			,
CITY-ST-ZIP TITLE	וויטאטוו וועטאט טבאטוו וו		DELETE	2. 4 CHTY-	31 - ZIF		Change Addition
NAME				3.2 NAME			- v —
STREET ADDRESS				3 3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY-	ST - ZIE'		
TITLE			DELETE	411111			Change Addition
NAME				4 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Tour	4.4 CITY- S	SJ - ZIP		Change Addition
TITLE		L	DELETE	5.1 TITUE			Fit quarifie Fit wandan
NAME CYPREY LOODERS				5.2 NAME	ADDDECE		
STREET ADDRESS				5.4 CITY- 5	ADDRESS Et_7/D		
CITY-ST-ZIP TITLE		<u>r</u>	DELETE	6.1 THE)1-(H		Change Addition
NAME				G.2 NAME	ļ		•
STREET ADDRESS				6.3 STREE	ADDRESS		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the information indicated on this acquait report as supplied control 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 comparation of the decipler or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

achment with an address.