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**

1	MENT # P95000 ENTERPRISES OF PORT RIC				
Principal Plac	e of Business	Mailing Address			#1001 16#1 0 1010) 1011 1001
C/O PERKINS RESTAURANT & BAKERY 11929 US HIGHWAY 19 NORTH PORT RICHEY FL 34668		C/O PERKINS RESTAURANT & BAKERY 11929 US HIGHWAY 19 NORTH PORT RICHEY FL 34668		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/04/1995	
2. Principal P	Place of Business	20. Mailing Address		4. FEI Number	Applied For
21		26 9072 Le	Soce CT.	59-33 135 10	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		# Florito Compains Financias	Fee Required
23	•	⊢ ¬	chee Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25	29 34613 30	USA		Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	igent
9072 LENORE CT			81 Name		
			62 Street Add	Address (P.O. Box Number is Not Acceptable)	
WEEKI WACHEE FL 34613			83		
·			83		
)			84 City	FL	85 Zip Code
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 Signature, typed or printed name of registered agent and into if applicable (NOTE: Registered Agent signature required when renestating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DC	DELETE	1.1 TITLE		Change Addition
NAME	LEMERAND, L. GALE		1.2 NAME		
STREET ADDRESS	13 MAGNOLIA LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP		
TOLE	DP	☐ DELETE	2.1 TITLE		Change Addition
NAME	BROWN, GARY L		2.2 NAME	A	dd zipcodr
STREET ADDRESS	9072 LENORE CT		2.3 STREET ADDRESS	•	34613
CITY-ST-ZIP	WEEKI WACHEE FL	DELETE	2 4 CITY-ST-ZIP		Change Addition
TITLE			3.1 TITLE	'	TT CHANGE TT MODITION
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		i	5.3 STREET ADDRESS		
CITY-ST-ZIP		···.	5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NALIF			62 NAME		

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 Brock 12 or Brock 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

352-596-2223

FILED

May 05 1998 8:00am

Secretary of State