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 # P95000042981 (7)

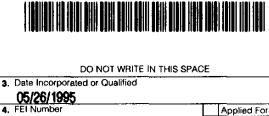
SAVELLA'S TOWNHOUSE RESTAURANT INC.

Principal Place of Business Mailing Address

4601-66TH ST. N 4601-66TH ST. N

ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709

FILED Apr 29 1998 8:00am Secretary of State



2. Principal Place of Business		2a. Maiting Add	fress	4, FEI Number		Applied For		
1		26		59-3317427		Not Applicable		
Suite, Apr. #, etc.		Suite, Apt. #	f, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
4	Zip Court	(ry Zip)	Country 30	This corporation owes or has personal Property Tax due Jui		urrent year Intangible Yes No		
	9, Name and Add	ress of Current Registered Agent	J J	10. Name and Address of New Registered Agent				
TINGIRIDES, ESQ, STAVROS 800 N BELCHER RD STE 4			81 Name 82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)				
	CLEARWATER FL 348	25	B4 City		FI	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	Signature typed or pointed name of registered agent and little if applicable	e (NOTE. I	Registered Agent signature requ		DATE	
12.	OFFICERS AND DIRECTORS	_	13,	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	POS	DELETE	1.1 TITLE		Change	Additio
NAME	SAVVA, ANTONIS		12 NAME			
STREET ADDRESS	4801-86TH ST. N		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33709		1.4 City-St-ZiP			
TITLE		☐ DELETE	2.1 TITLE	,	☐ Change	Additio
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Additio Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY_ST.7IP			64 CITY ST 7ID			

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

SIGNATURE: _

Hnyomlawa

4-2198 (813)046886

CR2E034 (10/97)