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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1997 8:00am

Secretary of State

0453235

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048582 (7)

RIVERSIDE DINER RESTAURANT, INC. Principal Place of Business Mailing Address 7923 U.S. HIGHWAY 19 NORTH 7923 U.S. HIGHWAY 19 NORTH PORT RICHEY FL 34688-6677 PORT RICHEY FL 34668 3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1995 11/18/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3320222 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country Žφ Zin. 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No Florida Statutes 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name VITOROS, KALLIOPI 7923 U.S. HIGHWAY 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 83 84 City 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 another companions of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE VITOROS, KALLIOPI HAME 1.2 NAME 3637 ROCKAWAY DRIVE STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL 34691 C(1Y - S1 - 7)F 1.4 CITY-ST-ZIP DELETE Change Addition 1000 2.1 TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS (11Y-\$1-7# 2 4 CITY - ST - ZIP DELETE Change Addition THUE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS COTY-SI-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ACCORESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-7IP DELETE Addition 51 TITLE Change TILLE 5.2 NAME NAME STHEET ADDRESS 5.3 STREET ADDRESS CITY - \$1-7iP 5.4 CITY-ST-ZIP DELETE Addition Change THLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP CITY - \$1 - 70P

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 cognoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name