

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 JUN 12 1110:53

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050737 (2)

1. Corporation Name

BAYSIDE RESTAURANT GROUP, INC.

Principal Place of Business

Mailing Address

12454 MCGREGOR WOODS CIR
FT MYERS FL 33908

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FT MYERS FL 33908

3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report
4. FEI Number 65-0590584	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HARTSELL, STEVEN C
1833 HENDRY ST
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICODEMI, VIRGINIA K	1.2 NAME	
STREET ADDRESS	12454 MCGREGOR WOODS CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	1.4 CITY-ST-ZIP	
TITLE	DCEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICODEMI, ALEXANDER J	2.2 NAME	
STREET ADDRESS	12454 MCGREGOR WOODS CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICODEMI, ALEXANDER J	3.2 NAME	
STREET ADDRESS	12454 MCGREGOR WOODS CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

Alexander J. Nicodemi
ALEXANDER J. NICODEMI

6-8-96

(941) 481-0371

CR2E034 (3/96)