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

PROFIT **CORPORATION ANNUAL REPORT**

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Jun 04 1997 8:00am

Secretary of State

1997 DOCUMENT # P95000064861 (4)

Principal Place of Business Mailing Address 1712 LONG BOW LANE CLEARWATER FL 34624 RENAISSANCE RESTAURANTS OF AMERICA, INC. Mailing Address 1712 LONG BOW LANE CLEARWATER FL 34624-6402										
									3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1995 07/09/1996	
2. Principal f	Place of Busines	is s	2a, Mailing Address						4. FEI Number Applied For	
1				26					APPLIED FOR Not Applica	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required	
City & State			City & State						· · · · · · · · · · · · · · · · · · ·	
3			28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Country		Zip	Сои	ntry			8. This corporation has liability for intangible tax under s. 199.032	
4	2	3	29		30				Florida Statutes	
		nd Address of Curren	t Registe	ered Agent					10. Name and Address of New Registered Agent	
	ve, stephen				ļ	81	Name			
1712 LONG BOW LANE					1	82	Stroot	Addres	ess (P.O. Box Number is Not Acceptable)	
· CLE	EARWATER FL	. 34624		}	83					
						00				
_						84	City		FL 85 Zip Code	
SIGNATURE	Signature, typed or	printed name of registered age OFFICERS AN	··		II : Flegistered	Age	nt signatur	e required	d when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	±/P\$-			DELETE	1,1 111	L€		PP	Change Addi	
NAME	HOVE, STE				1.2 NA	ME				
STREET ADDRESS		BOW LANE					ADDRESS			
CITY-ST-ZIP	PO	ER FL 34824		DELETE	1.4 Ci		1 - 71P	 	Change Addi	
TITLE Name	BASS, KEN	w		EJ DELEHE	2.1 THT 2.2 NA				Ti Quange [T] Addi	
ndame Street address		PE PKWY, #305			1		ADDRESS			
CITY-ST-ZIP		RBOR FL 34695			2. 4 CI					
ITLE		<u> </u>		DELETE	3.1 TIT			1	Change Addi	
NAME					32 NA	Μŧ		1		
STREET ADDRESS					33 ST	REET	ADDRESS			
CITY-ST-ZIP				T DELETE	3.4. CI		51 - ZIP	<u> </u>		
FITLE				☐ DELETE	4.1 111				Change Addition	
NAME					4.2 N/		ADDRESS			
STREET ADDRESS City-St-Zip					4.4 CB		ADDRESS			
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NAME					5.2 NA				PH 6/04/97	
STREET ADDRESS					5.3 \$1	REET	ADDRESS		1 1 1 1 1 1 1 1 1 1	
CITY-ST-ZIP					5.4 CIT	Y - \$	T-ZIP			
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NAME REDEET ANNOESS					6.2 NA				000002206730 -06/10/9701002012	
					E O CT	DEFT	ADDRESS	1	CONTROL CANDOL CAL	

63 STREET ADDRESS

64 CITY-ST-ZIP

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 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 is changed, or on an attachment with an address.

***1485.00