FILE	NOW: FILING FEE	AFTER MAY 1	IS \$22	25.0	00				
PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sendra B. Mortham						**			Ì
ANNUAL REPORT Secretary o				e					i
1996 Division of corporations									
DOCUN 1. Corporation	NENT # P9500	0066302 ((7)						
	e-time, inc.								
	,								
Principal Place	of Business	Mailing Address		····· •		···· È INDER ILO RAIDI ALAN ODITI DI	INTE OTINI OCINO BIANE DAIDO	IIIII QQIID BIQI IQQI	
	N'S BAR-B-O. INC. H RIDGEWOOD AVE. R FL 32132	C/O DUSTIN'S BAR-B-O. INC. 1208 SOUTH RIDGEWOOD AVE. EDGEWATER FL 32132							
						3. Date Incorporated or Qualifed 08/28/1995	3a. Date of Last F	leport	
2. Principal Pla	ce of Business	2a. Maling Address				4. FEI Number 59-3333659		Applied For	
21 Suite, Apt #	, etc.	26 Suite, Apt. #, etc.				6. Certificate of Status Desired		Not Applicable 5 Additional	
22 City & State		27 City & State				6. Election Campaign Financing	Fee	Required	
23		28				Trust Fund Contribution		IO May Be ad to Fees	
Ζιρ 24	Country 25	Ζιρ 29	οι 30	untry		B. This corporation has liability for i Florida Statutes Yes	intangible tax under s	199.032,	
	9. Name and Address of Current					10. Name and Address of New R	egistered Agent		
					Name		1.)		l
PALMETTO CHARTER SERVICES, INC.					Street Addri	ess (P.O. Box Number is Not Acceptab	ie;		
DAYTO	NA BEACH FL 32115			83					
				84	City		FL 85 Z	ip Code	
or registere	d agent, or both, in the State of Florida	 Such change was authori. 	zed by the	ve∙na corpor	med corporation's boar	ation submits this statement for the pur d of directors. Thereby accept the appr	pose of changing its pintment as registere	registered office d agent. I am	
	a, and accept the obligations of, Sectio		·S.						
12.	iler af nei, typen or protect carial of not strong strong tage of an Of FICERS AND	NOD Tagénade (N DIRECTORS)	CITE Registration 13.	: Agentis	signative required	ADDITIONS/CHANGES TO OFF		DRS IN 12	95)
TATLE	D			1 4 THLE			Change	Addition	(12/95)
NAME STORET ADDRESS	TOMLINSON, WINSTON R II 20742 2ND AVE. WEST			1 2 NAME 1 3 STREET ADDRESS					R2E034
STREET ADDRESS CITY - S! - Z P	SUMMERLIN KEY FL 32042			TREET AS TTY - ST -					R2E
TITLE		DELETE		2 I THTE			🗌 Change	Addition	0
NAME STREET ADDRESS			2 2 N 2 3 S		DDRESS				
CITY - ST - ZIP	, <u></u> _,,,,, _			IIY-SI-	ZIP		[1] Oba	Addition	
TITLE NAME		DELETE		3 1 THLE 3 2 NAME			Change	Addition	
STREET ADDRESS			33 9	SFREET A	ADDRESS				
CITY - ST - ZIP THTLE	34CTV-SI DELÉIE 4 1 TILE			- Z.P		Change	Addition		
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NAME	5.2 NAME								
STREET ADDRESS CITY - ST - ZIP			5.3 STREET ADDRESS 5.4 City: ST- Z:P						
THLE		DELFTE	6 1 1	6 1 TITLE			🗌 Change	Addition	
NAME STREET ADDRESS	6 2 NAME 6 3 STREET ADDRESS		DORESS						
CITY - ST - ZIP			64 C	ITY ST	ZiP	·····			
certify that oath; that i	the information indicated on this annua	I report or supplemental an ation or the receiver or trust	nual report ee empowe	is true	and accura	or the exemption stated in Section 119, te and that my signature shall have the s report as required by Chapter 607, Fi	same legal effect as	if made under 🔡	

SIGNA	TURE
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: CUMA BOC TOPOLOGIA UNE OF STONING OFFICER OR DIRECTOR UNIT 4/15/96 (904) 423-5299