


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

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Apr 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P95000078085 (4)</b>			
<b>1. Corporation Name</b> <b>CHANNEL DINER CONCEPTS, INC.</b>			
<b>Principal Place of Business</b> P O BOX 7454 ST PETERSBURG FL 33734-7454		<b>Mailing Address</b> P O BOX 7454 ST PETERSBURG FL 33734-7454	
<b>2. Principal Place of Business</b> 21 <b>6351-39TH STREET NORTH</b> 22 <b>SUITE 220</b> 23 <b>PINELLAS PARK, FL</b> 24 <b>34665</b> <b>USA</b>		<b>2a. Mailing Address</b> 25 <b>SUITE 220</b> 26 <b>PINELLAS PARK, FL</b> 27 <b>34665</b> <b>USA</b>	
<b>9. Name and Address of Current Registered Agent</b> <b>LAMBTON, THOMAS R</b> <b>6330 48TH ST N</b> <b>SUITE 105</b> <b>PINELLAS PARK FL 34665</b>		<b>10. Name and Address of New Registered Agent</b> 81 <b>Name</b> <b>LAMBTON, THOMAS RANDALL</b> 82 <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>SUITE 220</b> 83 <b>6351-39TH STREET NORTH</b> 84 <b>CITY</b> <b>PINELLAS PARK</b> <b>FL</b> <b>85</b> <b>Zip Code</b> <b>34665</b>	
<b>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.</b> <b>SIGNATURE</b> <i>Thomas R. Lambton</i> <b>THOMAS R. LAMBTON</b> <b>4/17/97</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>DPST</b> <input type="checkbox"/> DELETE	<b>NAME</b> <b>LAMBTON, THOMAS R</b>	<b>1.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>1.1 NAME</b> <b>LAMBTON, THOMAS RANDALL</b>
<b>STREET ADDRESS</b> <b>6330 48TH ST N SUITE 105</b>	<b>CITY-ST-ZIP</b> <b>PINELLAS PARK FL 34665</b>	<b>1.2 NAME</b>	<b>1.2 STREET ADDRESS</b> <b>SUITE 220, 6351-39TH STREET NORTH</b>
<b>TITLE</b> <input type="checkbox"/> DELETE	<b>NAME</b>	<b>1.3 CITY-ST-ZIP</b>	<b>1.4 CITY-ST-ZIP</b> <b>PINELLAS PARK, FL 34665</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2.2 NAME</b>
<b>TITLE</b> <input type="checkbox"/> DELETE	<b>NAME</b>	<b>2.3 STREET ADDRESS</b>	<b>2.4 CITY-ST-ZIP</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>3.2 NAME</b>
<b>TITLE</b> <input type="checkbox"/> DELETE	<b>NAME</b>	<b>3.3 STREET ADDRESS</b>	<b>3.4 CITY-ST-ZIP</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>4.2 NAME</b>
<b>TITLE</b> <input type="checkbox"/> DELETE	<b>NAME</b>	<b>4.3 STREET ADDRESS</b>	<b>4.4 CITY-ST-ZIP</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>5.2 NAME</b>
<b>TITLE</b> <input type="checkbox"/> DELETE	<b>NAME</b>	<b>5.3 STREET ADDRESS</b>	<b>5.4 CITY-ST-ZIP</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6.2 NAME</b>
<b>TITLE</b> <input type="checkbox"/> DELETE	<b>NAME</b>	<b>6.3 STREET ADDRESS</b>	<b>6.4 CITY-ST-ZIP</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>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 if changed. I attach an attachment with an address.</b>	
<b>SIGNATURE:</b> <i>Thomas R. Lambton</i> <b>THOMAS R. LAMBTON</b> <b>4/17/97</b> <b>813.526.3466</b>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>Date</b> <b>Daytime Phone #</b>	



CR2E034 (9/96)