

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

FILED
Mar 14 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000084376 (9)

1. Corporation Name
PHILADELPHIA KITCHEN, INC.



Principal Place of Business
2275 ATLANTIC BLVD
NEPTUNE BEACH FL 32266

Mailing Address
ATTN: M. SORRELL
2275 ATLANTIC BLVD
NEPTUNE BEACH FL 32266-2547

3. Date Incorporated or Qualified: 10/31/1995
3a. Date of Last Report: 11/06/1996
4. FTT Number: 59-3344777
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
SORRELL, MARY C
2275 ATLANTIC BLVD
NEPTUNE BEACH FL 32266

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 _____ DATE _____
Signature, typed or printed name of registered agent is either applicable (NOTE: Registered Agent signature required when re-filing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKIDES, COSTAS	
STREET ADDRESS	543A INDUSTRIAL PKWY	
CITY-ST-ZIP	YEADON PA 19050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIONIDES, CHRIS	
STREET ADDRESS	2275 ATLANTIC BLVD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SORRELL, MARY	
STREET ADDRESS	2275 ATLANTIC BLVD.	
CITY-ST-ZIP	NEPTUNE BCH. FL 32266	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mary C. Sorrell as Secretary	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ekaterini Markides	
4.3 STREET ADDRESS	543A Industrial Parkway	
4.4 CITY-ST-ZIP	YeadoN, PA 19050	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 supplementary 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, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)