


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

FILED  
May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. North</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
<b>DOCUMENT # P95000091283 (8)</b> 1. Corporation Name <b>YIANNAS RESTAURANTS, INC.</b>																																																																																																																													
Principal Place of Business <b>139 N HWY 27 CLERMONT FL 34711 US</b>			Mailing Address <b>139 N HWY 27 CLERMONT FL 34711-2401 US</b>																																																																																																																										
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		3. Date Incorporated or Qualified <b>11/21/1995</b> 3a. Date of Last Report <b>07/01/1996</b> 4. FEI Number <b>59-3339792</b> 5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
9. Name and Address of Current Registered Agent <b>WEATHERFORD, WILLIAM P JR 1031 W MORSE BLVD SUITE 105 WINTER PARK FL 32789</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>YIANNAS, HARALAMBOS</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>11223 SOONER DR</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>CLERMONT FL 34711</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>S</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>YIANNAS, B. L</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2928 BARRYMORE CT</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>ORLANDO FL</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>P</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>YIANNAS, HARALAMBOS</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>11223 SONNER DR</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>CLERMONT FL</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	NAME	<b>YIANNAS, HARALAMBOS</b>		STREET ADDRESS	<b>11223 SOONER DR</b>		CITY - ST - ZIP	<b>CLERMONT FL 34711</b>		TITLE	<b>S</b>	<input type="checkbox"/> DELETE	NAME	<b>YIANNAS, B. L</b>		STREET ADDRESS	<b>2928 BARRYMORE CT</b>		CITY - ST - ZIP	<b>ORLANDO FL</b>		TITLE	<b>P</b>	<input type="checkbox"/> DELETE	NAME	<b>YIANNAS, HARALAMBOS</b>		STREET ADDRESS	<b>11223 SONNER DR</b>		CITY - ST - ZIP	<b>CLERMONT FL</b>		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			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 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP		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	
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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, or on an attachment with an address.																																																																																																																													
SIGNATURE: <i>B. L. Yiannas</i> <b>SIGNATURE REQUIRED</b> 1/14/97																																																																																																																													

CR2E034 (9/96)