

MP
3-14-97 B-3061 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092854 (5)

1. Corporation Name
KENSINGTON RESTAURANT CORP.



Principal Place of Business GLADES BUILDING, SUITE 303, 877 EXECUTIVE CENTER DRIVE ST. PETERSBURG FL 33702	Mailing Address GLADES BUILDING, SUITE 303, 877 EXECUTIVE CENTER DRIVE ST. PETERSBURG FL 33702-2480
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2. Principal Place of Business 21 5030 Oaklawn Lane Suite, Apt. #, etc. 22 City & State 23 Madeira Beach, FL Zip Country 24 33708 25 US	2a. Mailing Address 26 5030 Oaklawn Lane Suite, Apt. #, etc. 27 City & State 28 Madeira Beach, FL Zip Country 29 33708 30 US
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3. Date Incorporated or Qualified 12/07/1995	3a. Date of Last Report 03/14/1996
4. FEI Number 59-3347921	Applied For Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L
-GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name George Loder Sr.	85 Zip Code 33708
82 Street Address (P.O. Box Numbers Not Acceptable) 5030 Oaklawn Lane	
83 City Madeira Beach, FL	
84 City FL	

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 607.0504, Florida Statutes.

SIGNATURE *George W. Loder Sr.* DATE 3-8-97
(Signature typed or printed name of registered agent and use if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP LODER, JOHN 13079 PARK BOULEVARD SEMINOLE FL 34848	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Bk Dep # 16500

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: *George W. Loder Sr.*
(Signature typed or printed name of signing officer or director)

DATE 3-8-97

Daytime Phone #

CR2E034 (9/96)