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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094759 (4)

S & R RESTAURANT CONCEPTS, INC.

Principal Place of Business Mailing Address								1 10011001 110 18191 0111 0011 0011 0011	Matin (Ali) alaki (\$1	ANT NEILN	(81) 1981
3303 W UNIVERSITY AVENUE 3303 W UNIVERSITY AVEN GAINESVILLE FL 32607 GAINESVILLE FL 32607-25											
								Date Incorporated or Qualified 12/11/1995	3a. Date of L 09/19/19		port
2. Principal Place of Business			2a. Mailing	2a. Mailing Address				4. FEI Number	. [Apr	lied For
21			26					59-3342729	<u>_</u> _ <u>_</u>		Applicable
Suite, Apt. #, etc.			27					5. Certificate of Status Desired		75 A	dditional quired
City & State			28					6. Election Campaign Financing Trust Fund Contribution		00.0 Ot bebb	May Be Fees
Zip		Country	Zip		Cour	itry		8. This corporation has liability for in		der s.	199.032,
24	25 29 9, Name and Address of Current Registered Agent			·· 	30			Florida Statutes Yes No			
			ent Registered Aç	ent		04		10. Name and Address of New Reg	istered Agent		
	GRIFFIN, RICI					81	Name				
117 N.W. 38TH STREET Gainesville FL 32607			•			82	Street Add	ress (P.O. Box Number is Not Acceptab	e)		
					[83					
					}	84	City		FL 85	Zip C	ode
11. Pu off	rsuant to the provi fice or registered a tent. Lam familiar y	isions of Sections 607.05 igent, or both, in the Sta with, and accept the obt	502 and 607.1508, te of Florida. Such gations of Section	Florida Statu change was 1 607.0505, FI	tes, the ab authorized lorida Stati	ove by tes	e-named corp the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	roose of chance	ing its nt as r	registered egistered
SIGNA			garano on acono.		oriens create						
	Signature, type	od or printed name of registered a		e (NO)		Age	n' signature requi	red when reinstating)	DATE		
12.	- T &	OFFICERS A	ND DIRECTORS	DELETE	18.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	I BIOLIADO O ID		L. DECEME	1.1 111				L. Cn.	ange	Addition
NAME		N, RICHARD C JR			1.2 NAI						
STREET A		V. 36TH STREET					ADDRESS				
CITY-ST-		VILLE FL 32607		DELETE	1401	_	T-ZIP	'	T ch	ange	Addition
TITLE	D D	TERMANIE A			21110		1	•		ange	Addition
NAME		TEPHANIE A			2.2 NAI		Inhoson				
STREET A		V. 36TH STREET					ADDRESS				
CITY-ST- TITLE	-ZIP GAINES	VILLE FL 32607		DELETE	2. 4 CIT		51 - ZIP		□ Chi	2000	Addition
NAME				L. J. LALLE	3.1 IIII 3.2 NAI			•	LI 018	ange	L NOUROIL
STREET A	bancee						ADDRESS		•		
	1										
CITY-ST-	EIF			DELETE	3.4 Cri 4.1 Til		31-416.		Ch	ange	Addition
NAME					4. 2 NA					- 9	
STREET A	Marec						ADDRESS				
CITY-ST	Į.				4.3 S1F						
TITLE	- EH			DELETE	51 III		LIF		Ch	ange	Addition
NAME					5.2 NAI					ð"	
STREET A	INDRESS				1		ADDRESS				
CITY-ST-					5.4 CIT						
TITLE	- 4H			DELETE	6.1 TH		1 21		☐ Ch	ange	Addition
NAME					6.2 NA)			9	
STREET A	IDDBESS				1		ADORESS				
CITY. ST							1 210				

I do hereby certify that the information supplied with this filling 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 logal effect as if made under eath; 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 attachine with an address.