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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600007748 (2)

INDEPENDENT RESTAURANT SERVICES, INC.

FILED May 01 1997 8:00am Secretary of State

| Principal Place of Business 2686 RED OAK COURT CLEARWATER FL 34621 | | Mailing Address 2666 RED OAK COURT CLEARWATER FL 34621-2319 | | | | |
|---|--|--|---|--|--|---|
| | | | | | 3. Date Incorporated or Qualified 01/22/1996 | 3a. Date of Last Report |
| | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| Suite, Apt | #. etc | Suite, Apt. #, etc. | | | 59-3361642 | Not Applicab |
| 22 | , | 27 | | | 5. Certificate of Status Desired | Fee Required |
| City & Star | te | City & State | | | 8. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | Country | 28 Zip | Cou | intry | Trust Fund Contribution 8. This corporation has liability for int | Added to Fees angible tax under s. 199 032. |
| 24 | 25 | 29 | 30 | | Florida Statutes | Yes X No |
| | g, Name and Address of Curre | nt Registered Agent | | 81 Name | 10. Name and Address of New Regi | stered Agent |
| | JE, SUSAN 86 RED OAK COURT | | | | | |
| | EARWATER FL 34621 | | | 82 Street Add | iress (P.O. Box Number is Not Acceptable |) |
| VII. | ENTER PROPERTY OF THE PROPERTY | | | 83 | | · · · · · · · · · · · · · · · · · · · |
| | | | | 84 City | | 85 Zip Code |
| | | | | | | FL |
| 11. Pursuant office or | to the provisions of Sections 607.050 registered agent, or both, in the State | 02 and 607.1508, Florida Sta e of Florida, Such change wa | tutes, the a is authorize | bove-named corpora d by the corpora | poration submits this statement for the pur tion's board of directors. I hereby accept | pose of changing its registered the appointment as registered |
| | Il An - the Person A | gations of, Section 607.0505, | Florida Sta | lutes. | Ú | -25-97 |
| SIGNATURE | Silgnature, typind or printed name of registered ag | pent and little if applicable (N | NO1E: Registere | d Agent signature requi | ired when reinstating) | DATE |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | DO AND DIRECTORS IN 12 |
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4. 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 chapped, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BLUE PS 425-97 (813) 784166