

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000014734 (3)

1. Corporation Name  
CAMARILLA RESTAURANTS, INC.

Principal Place of Business

Mailing Address

456 CAUSEWAY BLVD  
DUNEDIN FL 34698

456 CAUSEWAY BLVD  
DUNEDIN FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	456 CAUSEWAY BLVD	26	456 CAUSEWAY BLVD	02/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
N/A		N/A		59-3358076	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DUNEDIN, FLA		DUNEDIN, FLA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 34698	25	Country U.S.A.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27	Zip 34698	28	Country U.S.A.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STETLER, CATHLEEN H  
456 CAUSEWAY BLVD  
DUNEDIN FL 34698

81 Name KAREN H. THOMAS  
82 Street Address (P.O. Box Number is Not Acceptable)  
904 CURLEW RD SWT # 212  
83 DUNEDIN, FLA  
84 City  
85 Zip Code FL 34698

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 KAREN H. THOMAS

*Karen H. Thomas*

4/24/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPT
NAME	STETLER, CATHLEEN H	1.2 NAME	THOMAS, KAREN H
STREET ADDRESS	512 PHOENIX AVE	1.3 STREET ADDRESS	904 CURLEW RD #212
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	DUNEDIN FLA 34698
TITLE	DVT	2.1 TITLE	DVS
NAME	SCHROTH, WAYNE L	2.2 NAME	STRATTON, CHARLES
STREET ADDRESS	182 BARCELONA DR	2.3 STREET ADDRESS	904 CURLEW RD #212
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	DUNEDIN, FLA 34698
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: KAREN H. THOMAS *Karen H. Thomas* 4/24/ 736 (AL6)

CR2E034 (10/97)