

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

**APPROVED
AND
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97 APR 28 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033128
1. Corporation Name
3MC Restaurant Group, Inc.

Principal Place of Business: **9401 W. Colonial Drive # 728 Ocoee, FL 34761**
Mailing Address: **7653 Turkey Lake Rd # 127 Orlando FL 32819**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3. Date Incorporated or Qualified			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3381131		3a. Date of Last Report			
City & State		City & State		Applied For		-			
Zip		Country		Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
				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			
				City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				Zip					
				Country					

9. Name and Address of Current Registered Agent
**AMER M. MAALI
7653 Turkey Lake Rd
#127
Orlando FL 32819**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME
STREET ADDRESS	CITY-ST-ZIP	13 STREET ADDRESS	14 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME
STREET ADDRESS	CITY-ST-ZIP	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME
STREET ADDRESS	CITY-ST-ZIP	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME
STREET ADDRESS	CITY-ST-ZIP	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME
STREET ADDRESS	CITY-ST-ZIP	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME
STREET ADDRESS	CITY-ST-ZIP	63 STREET ADDRESS	64 CITY-ST-ZIP

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****165.00 ****165.00**

A. Alan
5/28/97

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-24-97** Daytime Phone: **(407) 370-9500 x29**

CR2E034 (9/96)