


May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 06 1997 8:00a Secretary of State	
DOCUMENT # 996000034428 1. Corporation Name SOUTHPAW RIBS, INC.					
Principal Place of Business 1225 University Drive Coral Springs, Florida 33067			Mailing Address		
2. Principal Place of Business 21 1225 University Drive Suite, Apt. #, etc.		2a. Mailing Address 26 1499 W. Palmetto Pk. Rd. Suite, Apt. #, etc. 27 210		3. Date Incorporated or Qualified April 19, 1996 3a. Date of Last Report	
22 City & State 23 Coral Springs, FL Zip Country		28 Boca Raton, FL Zip Country		4. FEI Number 65-0660366 Applied For Not Applicable	
24 33067 25 Broward		29 33486 30 Palm Beach		5. Certificate of Status Desired \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent Elaine M. Gatsos 1499 West Palmetto Park Road Suite 210 Boca Raton, Florida 33486				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 the officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 13, changed, or on an attachment with an address.				800002177638 -05/14/97--01003--003 ***165.00	
SIGNATURE: Elaine M. Gatsos ELAINE M GATSOS				4-30-97 5617501120 Date Daytime Phone #	