

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

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Apr 20 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 # P96000034592 (1)

1. Corporation Name

CLEMATIS BISTRO CORPORATION



Principal Place of Business 330 CLEMATIS ST SUITE 211 WEST PALM BEACH FL 33401 US	Mailing Address 330 CLEMATIS ST SUITE 211 WEST PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0675648	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VISCONTI, JOSEPH C 525 SOUTH FLAGLER DRIVE, SUITE 400 WEST PALM BEACH FL 33401	
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10. Name and Address of New Registered Agent	
81 Name	Dennis Max
82 Street Address (P.O. Box Number is Not Acceptable)	490 E. Palmetto Park Rd., #110
83	
84 City	Boca Raton
85 Zip Code	FL 33432

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	D
NAME	VISCONTI, JOSEPH C	1.2 NAME	Visconti, Joseph C
STREET ADDRESS	525 SOUTH FLAGLER DRIVE, SUITE 400	1.3 STREET ADDRESS	525 S. Flagler Dr., Suite 400
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL
TITLE	P	2.1 TITLE	D
NAME	BRISSON, DALE J	2.2 NAME	Brisson, Dale S
STREET ADDRESS	330 CLEMATIS ST #211	2.3 STREET ADDRESS	330 Clematis St #211
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL
TITLE		3.1 TITLE	P/D
NAME		3.2 NAME	Dennis Max
STREET ADDRESS		3.3 STREET ADDRESS	490 E. Palmetto Park Rd., #110
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33432
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/98 561-392-0611
Date Daytime Phone # 0300508

CR2E034 (10/97)