

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

APPROVED
AND
FILED

97 MAY -1 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # *P96000053722*
1. Corporation Name
First Coast Restaurant Group Inc.

Principal Place of Business Mailing Address
*1727 Holly Oaks Ravine Dr. SAME
Jacksonville, Fl. 32225*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>6/24/96</i>	3a. Date of Last Report
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <i>52-1994017</i>	Applied For Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<i>CT Corporation System 1200 South Pine Island Rd. Plantation, Fl. 33324</i>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				85 Zip Code	

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	<i>FRANK S. AFTINGER</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>President</i>	1.2 NAME	
STREET ADDRESS	<i>1727 Holly Oaks Ravine Dr.</i>	1.3 STREET ADDRESS	<i>200002168592-8</i>
CITY-ST-ZIP	<i>Jacksonville, Fl. 32225</i>	1.4 CITY-ST-ZIP	<i>-05/06/97--01141--002</i>
TITLE	<i>Vice President</i> <input type="checkbox"/> DELETE	2.1 TITLE	<i>***165.00 ***165.00</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>F. Beaven Smith</i>	2.2 NAME	
STREET ADDRESS	<i>1644 Duke of Windsor Rd.</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Virginia Beach, Va. 23454</i>	2.4 CITY-ST-ZIP	
TITLE	<i>Secretary / Treasurer</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Peter Barli</i>	3.2 NAME	
STREET ADDRESS	<i>1727 Holly Oaks Ravine Dr.</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Jacksonville, Fl. 32225</i>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Peter Barli Peter Barli* 4/29/97 645-1769 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)