

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

FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054660 (1)

1. Corporation Name

~~LENNY & VINNY'S DOWNTOWN, INC.~~

LENNY & VINNY'S FOURTH STREET, INC.

Principal Place of Business

8403 BENJAMIN ROAD STE A  
TAMPA FL 33634

Mailing Address

8403 BENJAMIN ROAD STE A  
TAMPA FL 33634-1204



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 6950 CENTRAL AVENUE		06/26/1996			
22 City & State		27 SUITE 180		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 ST. PETERSBURG FL		59-3431005		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 33707		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
						8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HANEY, R/R  
101 E. KENNEDY BLVD. STE 4100  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	PAUL L. SAMSON
82 Street Address (P.O. Box Number is Not Acceptable)	6950 CENTRAL AVENUE, SUITE 180
83	
84 City	ST. PETERSBURG FL
85 Zip Code	33707

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, 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

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

(NOTE: Registered Agent signature required when reinstating)

5/5/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DPST
NAME	SAMSON, PAUL	1.2 NAME	PAUL L. SAMSON
STREET ADDRESS	8403 BENJAMIN ROAD STE A	1.3 STREET ADDRESS	6950 CENTRAL AVENUE, SUITE 180
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33707
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 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

PAUL L. SAMSON

02/27/97

813-341-2122

CR2E034 (9/96)