SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1897. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Aug 29 1997 8:00am

Secretary of State

Sandra B. Mortham ,

Secretary of State
DIVISION OF CORPORATIONS

1997			
DOCUMENT # P9600058924 (7) RESTAURANT & ENTERTAINMENT ASSOCIATES, INC.			
RESTAURANT & ENTERTAINMENT ASSOCIATES, INC.		P ANGLIAGO DIN PARIO MATERIA NOTO NATURA AN	IN AGIRI AIDD IBHA KAME KARP AID IAD
Principal Place of Business Mailing Address	,	i inglinder fild stella Britir bolife #åfel an	iii maile atthi fäith imita elafi etki onal
SAON KUNKHAN NOAD SUITE 355 SAOI KIRKHAN NOAD SUITE	E 355		
1246 BUTHEN CIPCLE SUITE 201			IN THIS SPACE
100 000 m 2000 m		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business . 2a. Mailing Addross		07/08/1996 4. FEI Number	Applied For
21/7246 BETOPONDOIRCUE 26		59-3394221	Not Applicable
Sulta Apt. #, etc. Suite, Apt #, 9		5. Certificate of Status Desired	\$8.75 Additional
City & State City & State			Fee Required
23 FEB PRICE 15 28 28 28 28 28 28 28 28 28 28 28 28 28	-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Country	8. This corporation owes or has pa	
24 32730 25 NSFC 29 36	0	Personal Property Tax due June	
g. Name and Address of Current Registered Agent	81 Namera	10. Name and Address of New Re	gistered Agent
RALEIGH, CHRISTOPHER P		USCALL, CITUSIO	41ER 1.
- 5401 KIRKMAN ROAD, SUITE 355 ORLANDO FL 32819	82 2 A	ural spiests	JUNELLY ASSOCIATION
4	83 124	16(120) LA (10(1)	GITTERA
•	84 City	12 Total Corper	85 Zin Code
	1554	1 PORK	FL 32730
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was autagent. (am fairlif ar John and Finceph the orbits at Section 607.0505, Florida.)	, the above-named corp horized by the corporal	poration submits this statement for the f tion's board of directors. I hereby acce	pt the appointment as registered
	ta Statules.	RPNIEGH BE	16akan
SIGNATURE Signature, type or printed name of no stored agent and title in uppricable (NOTE)	legislered Agekt signalure requi	ired when reinstating)	DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE DELETE	1.1 7171.6		Change Addition
NAME EXPRESTORISE P. TAUTIGIT	1.2 NAME 1.3 STREET ADDRESS		18
STREET ADDRESS 7245 BOT APON CIPCLE SUITE 201 CITY-ST-ZIP FOR PARCE FL 32730	1.4 City-St-7iP		إ
TILE DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME H. Scott PRAY	2.2 NAME		
STREET ADDRESS 7245 GSTAPONICIPALE, SUITE 201	2.3 STREET ADDRESS		
CITY-ST-21P FRAN PLYY, PL 31320	2 4 CITY-S1-ZIP		Change Addition
THLE DELETE	3.1 TITLE 3.2 NAME		Change L. Addition
NAME	3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	3.4. CITY-ST-ZIP		
TITLE DELETE	4.1 TITLE		Change Addition
NAME	4 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CiTY-ST-ZIP		
TITLE DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE DELFTE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY - ST - ZIP		
	for the everyption state.	d in Section 110 07/3)/i) Florida Statute	se I further certify that the

, 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 artifess.