

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000062793 (0)

1. Corporation Name
BAY CITY BISTRO, INC.

Principal Place of Business
4240 NORTHLAKE BLVD
PALM BEACH GARDENS FL

Mailing Address
4240 NORTHLAKE BLVD
PALM BEACH GARDENS FL



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1996	3a. Date of Last Report
4. FEI Number 65-0680960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

FOGARTY, PATRICK V
320 FERN ST
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Thomas R. Joseph Jr
82 Street Address (P.O. Box Number is Not Acceptable)
4240 Northlake Blvd
83
84 City Palm Beach Gardens FL 85 Zip Code 33410

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 *Thomas R. Joseph Jr* DATE 7/22/97
(Signature, typed or printed name of registered agent and line if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, THOMAS R JR	1.2 NAME	
STREET ADDRESS	1060 LAKE SHORE DR #105	1.3 STREET ADDRESS	4240 Northlake Blvd
CITY-ST-ZIP	LAKE PARK FL 33403	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	John P. Lane <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	4240 Northlake Blvd
STREET ADDRESS		2.3 STREET ADDRESS	Palm Beach Gardens, FL 33410
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Douglas J. Clodfelter
STREET ADDRESS		3.3 STREET ADDRESS	4240 Northlake Blvd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
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 *Thomas R. Joseph Jr* DATE 7/22/97

CR2E034 (4/97)