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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

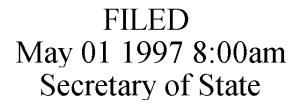
DIVISION OF CORPORATIONS

DOCUMENT # P9600083182 (1)

BILLY'S LUNCHBOX, INC.

Principal Place of Business

Mailing Address





123 E. ALTAN DELRAY BEAC	TIC AVE. H FL 33444—3724		123 E. ALTANTIC AVE. DELRAY BEACH FL 33444-3724							
						3. Date Incorporated or Qualified	3a. Date	of Last	Report	
						10/09/1996	NA-I	initial	Reposet	
2. Principal P	2a, Mailing Add	g Address			4. FEI Number		×	pplied For		
21		26						N	ot Applicable	
Sulte, Apt.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e	City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	25 29 30			untry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					
	g, Name and Address	of Current Registered Agent		ļ <u>.</u>	,	10. Name and Address of New Re	gistered Aç	ent		
HOI	OGKINS, JAYNE			81	Name					
125°E. ALTANTIC AVE.					Street .	Street Address (P.O. Box Number is Not Acceptable)				
DELRAY BEACH FL 33444-3724							·			
						•				
				84	City			85 Zip	Code	
11 Pursuant	to the provisions of Section	ns 607 0502 and 607 1508. Flor	ida Statutes, the a	boye	n-named	corporation submits this statement for the n	FL Urpose of o	hanaina	ile registered	
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 agont, 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.										
	S									
SIGNATURE	Signature, lyped or printed name of	registered agent and title if applicable	(NOTE: Registere	d Age	nt signature	required when reinstating)	DATE			
12. /	OFF	ICERS AND DIRECTORS	18.	_		ADDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTO	RS IN 12	
TITLE	D	□ 0	ELETE				ı	Change	Vadition	
NAME	HODGKINS, JAYNE		1.2 N	AME						
STREET ADDRESS	123 E. ALTANTIC AV	E.	1.8 S	TRÉET	ADDRESS	•				
CITY-ST-ZIP	DELRAY_BEACH_FL:	3444-3724		ITY-Ş		. 		4		
TITLE		[] U	ELETE 21T)			VICE PRESIDENT WILLIAM BURKE, JR., INSOOS.W. 64th COUR	L] Change	Addition	
NAME			5 \$ N		1	WILLIAM BURKE, JR.	,			
STREET ADDRESS					ADDRESS	Miami, FL 33158	•			
CITY-ST-ZIP TITLE			2.4 C ELETE 3.1 TI	HY-S	1 - Z(P	**************************************		Change	1 Addition	
NAME			3.2 N				L.	_ Onange	/ (000000	
STREET ADDRESS				TREET.	14	•				
CITY-ST-ZIP				IIIY-S						
TITLE		D	ELETE 4.1 TI		,	 -		Change	Addition	
NAME			4.2 N	IAME						
STREET ADDRESS			4.3 \$1	REET .	ADDRESS					
CITY-ST-ZIP			4.4 CI	11Y - ST	1-71P .		/	//)	
TITLE 🛌		□ D	ELETE 5.111	TLF			X	Change	Z Addition	
NAME .			5.2 N/	AME	ĺ		AU	5	11/20	
STREET ADDRESS			53 \$1	FREET A	ADDRESS		47). X	1/94	
CITY-ST-ZIP				1Y-S1	- ZIP		111	7	/ / /	
TITLE		μD	ELETE 61TI	TLE		10000216; -05/05/970103	女字写	∐ 1 hange	Addition	
NAME			6 2 N/			-05/05/970103	9018	}		
STREET ADDRESS					ADDRESS	***165.00				
CITY-ST-ZIP			6.4 CI	TY - \$1	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.

CIONATURE.

WO. HOWER

~ 11 107 6 . No. - . . .