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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000085274 (4)

1. Corporation Name
RESTAURANT CONCEPT AND DESIGN, INC.

Principal Place of Business	Mailing Address
~~6916 DATE PALM AVENUE SOUTH~~ ST. PETERSBURG FL 33707	6916 DATE PALM AVENUE SOUTH ST. PETERSBURG FL 33707-2010

3. Date Incorporated or Qualified: 10/16/1996
3a. Date of Last Report: NEW

2. Principal Place of Business
21: P.O. Box 40601
22: Suite, Apt. #, etc.
23: City & State: St. Petersburg FL
24: Zip: 33743 25: County: USA

2a. Mailing Address
26: P.O. Box 40601
27: Suite, Apt. #, etc.
28: City & State: St. Petersburg, FL
29: Zip: 33743 30: Country: USA

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MEYER, DAVID
6916 DATE PALM AVENUE SOUTH
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent
81 Name: Robert Saunooke, esq.
82 Street Address (P.O. Box Number Not Acceptable): 13700 58 St. North
83: Suite 208
84 City: Clearwater FL 85 Zip Code: 34620

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: [signature] 4/30/97 Robert Saunooke
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Vice President ~~And Secretary~~ [ ] DELETE	1.1 TITLE	President And Sec/Treas. [X] Change [X] Addition
NAME	David Meyer	1.2 NAME	David Meyer
STREET ADDRESS	10 Box 40601	1.3 STREET ADDRESS	N/A
CITY-ST-ZIP	St. Petersburg, FL 33743	1.4 CITY-ST-ZIP	St. Petersburg, FL 33743
TITLE	[ ] DELETE	2.1 TITLE	[ ] Change
NAME		2.2 NAME	~~Vice President, Secretary~~
STREET ADDRESS		2.3 STREET ADDRESS	~~P. Box 40601~~ NA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	~~St. Petersburg, FL 33743~~
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	No ~~A~~ Street Address for
STREET ADDRESS		3.3 STREET ADDRESS	the above; mailing
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	address is PO Box 40601
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, FL 33743
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: ~~[illegible]~~ David Meyer 4-29-97 RB 510-8630