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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103503 (4)

ED AND GARY'S, INC.

I am an officer or director of the corp

Principal Place of Business Mailino Address 1240 NW 43RD ST. 1240 NW 43RD ST. FT. LAUDERDALE FL 33309-4633 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 12/26/1996 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILINGS, INC. 3732 N.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311-4132 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1.70116 Salyers, Edward P NAME 1.2 NAME 1240 NW 43RD ST. 1.8 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 1.4 C(TY - S1 - 2(P CITY-ST-2IP DELETE Change Addition 21 11116 TITLE KIMSEY, GARY J 2.2 NAME NAME 1240 NW 43RD ST. 2 8 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE 31 TITLE Change Addition TITLE NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3 4. C(TY - ST - 7)P Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP ___ Change DELETE Addition 5.1 TILLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(1Y - S1 - Z(P CITY-ST-ZIP ___ Addition TITLE DELFTE 6.1 TITLE Change 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

MUMAN B. CALUELL 4-26-87