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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020806 (0)

RESTAURANT CONCEPTS OF CLEARWATER, INC.

Principal Place of Business

Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



12503 CLYDESDALE COURT TAMPA FL 33626	12503 CLYDESDALE COURT TAMPA FL 33628		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	SI AOL
			02/27/1997	
2. Principal Place of Business 21 3860 Wmerton /	1 d . 26 3860 (c)	merton Rd	. A. FEL Number	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Clearwater FL	City & State 28 Clear wat	er EL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Zip	Country	8. This corporation owes or has paid the co	
24 33762 25 Vine	Gurrent Registered Agent	7 10:14 011	1	Yes No
RILEY, STEVEN P	orion (10g/atorou Agorit	81 Name	1 1 1 5 1	Agent
3333 HENDERSON BLVD		B2 Street Addr	ess (P.O. Box Number is Not Acceptable)	7/2/
SUITE 150		\square	go Sunset Point	Ra
TAMPA FL 33609-2938		83		
		84 City C/E	earwater FL	85 Zip Code 33759
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, if both in the signs 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 an accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE CON TOUR	. Rober	t L. Shea	r 126	48
Signature, typed or printed name of registe 12. OFFICER	red agest and tille it applicable (NOT). B RS AND DIRECTORS	legistered Agent signature require	····	D DIDECTORS IN 10
	ector DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME Richard D. H	ill,	1.2 NAME		
STREET ADDRESS 12503 Clydes	dale Ct.	1.3 STREET ADDRESS		
CITY-ST-ZIP Tampa, 71	38626	1.4 CHY+ST+ZIP		
THLE Sec/Treas/Di	→ □ DELETE	2 1 10TLE		☐ Change ☐ Addition
NAME Clarence E. 1	nover	2.2 NAME		
STREET ADDRESS 106 Wood bur		23 STREET ADDRESS		
CITY-ST-ZIP Safety Har	bor 34695-	2 4 CiTY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - S1 - 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		
CITY-ST-ZIP		54 CiTY-S1-ZiP		
TITLE	L DELETE	6.1 TALE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZiP		6.4 CITY-S1-ZIP	2-46-440.07/042.5(
14. I 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 changes or on an altachment with an address.				