


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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000032796 (9)

1. Corporation Name  
MIMOSA RESTAURANT CORP.

Principal Place of Business  
812 S. FEDERAL HWY.  
STUART FL 34994

Mailing Address  
812 S. FEDERAL HWY.  
STUART FL 34994



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/10/1997

2. Principal Place of Business 21 812 Federal Hwy Suite, Apt. #, etc 22 City & State 23 Stuart Zip 24 FL 34994	2a. Mailing Address 26 Suite, Apt. #, etc. Same 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0753678	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SIMONIN, NOELLE  
812 S. FEDERAL HWY.  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name Noelle Simonin	85 Zip Code 34982
82 Street Address (P.O. Box Number is Not Acceptable) 5310 Silver Oak Drive	
83	
84 City Fort Pierce	85 FL

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

Noelle Simonin

(NOTE: Registered Agent signature required when reinstating)

1/30/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
President Noelle Simonin 5310 Silver Oak Drive Fort Pierce 34982	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 changed, or on an attachment with an address.

SIGNATURE: Noelle Simonin 1/20/98.5613371469

CR2E034 (10/97)