

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

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90008 002 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000079393 ✓
 1. Corporation Name
 Varian Restaurant Corporation

Principal Place of Business Mailing Address
 Varian Restaurant Corporation
 C/O Hilde Goertz

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 April 28, 1999

4. FEI Number
 65-0910416

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 25 Homestead Rd. N, Suite 11
 Suite, Apt. #, etc. 27 Lehigh Acres, FL

22 City & State 27 Lehigh Acres, FL
 City & State 28 Florida

23 Fort Myers 28 Florida
 Zip Country 29 33936 30 USA

24 Florida 25 USA 29 33936 30 USA

9. Name and Address of Current Registered Agent

Current Agent → Did not change

10. Name and Address of New Registered Agent

81 Name John N. Morgan, Attorney at Law
 82 Street Address (P.O. Box Number is Not Acceptable) 302 Lee Blvd., Suite 102
 83
 84 City Lehigh Acres FL 85 Zip Code 33936

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) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	President <input type="checkbox"/> DELETE
NAME	Stefan Ernst
STREET ADDRESS	3665 Winkler Ave, #1321
CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Hildegard A. Goertz
STREET ADDRESS	743 Millroy Lakes Dr.
CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Hildegard A. Goertz Date: 7-6-99 Daytime Phone #: 941-3690933

CR2E034 (11/98)