


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0090238

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000101699 (1)
1. Corporation Name

NATIONAL RESTAURANT CONTRACTORS INC.

FILED

98 NOV -5 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98

Principal Place of Business 2800 COUNTRYSIDE BLVD. #4 CLEARWATER FL 34621	Mailing Address 2800 COUNTRYSIDE BLVD. #4 CLEARWATER FL 34621
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2. Principal Place of Business 21 2820 Scherer Dr. Suite, Apt. #, etc. 22 St. 200 City & State 23 St. Pete FL Zip 24 33716 Country 25 U.S.	2a. Mailing Address 26 2820 Scherer Dr. Suite, Apt. #, etc. 27 200 City & State 28 St. Pete, FL Zip 29 33716 Country 30 U.S.
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3. Date Incorporated or Qualified 12/03/1997	4. FST Number 59-3479971	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SPEARS, IRIC V 2010 5TH AVENUE NORTH ST. PETERSBURG FL 33713	10. Name and Address of New Registered Agent 81 Name Raymond J. Campbell 82 Street Address (P.O. Box Number is Not Acceptable) 83 2820 Scherer Dr. Ste 200 84 City St. Pete 85 FL 86 Zip Code 33716
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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 Raymond J. Campbell
Signature, typed or printed name of 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 NAME STREET ADDRESS CITY-ST-ZIP	PT SPEARS, I V JR. 2800 COUNTRYSIDE BLVD. #4 CLEARWATER FL 34621 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<u>IRIC SPEARS JR. PRES</u> <u>I.V. SPEARS JR.</u> <u>2816 LA CONCHA DR.</u> <u>CLEARWATER, FL 33762</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMPSON, STEVE 2800 COUNTRYSIDE BLVD. #4 CLEARWATER FL 34621 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<u>IRIC SPEARS</u> <u>2816 LA CONCHA DR.</u> <u>CLEARWATER, FL 33762</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWENS-SPEARS, NICOLE 2800 COUNTRYSIDE BLVD. #4 CLEARWATER FL 34621 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<u>800002682228--0</u> <u>11/05/98--01066--015</u> <u>*****758.75 *****758.75</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] SIGNATURE REQUIRED 11/03 727.571.1171

CR2E034 (5/98)