

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000101699

1. Corporation Name

NATIONAL RESTAURANT CONTRACTORS INC.

Principal Place of Business

2820 SCHERER DR.
STE. 200
ST. PETE FL 33716

Mailing Address

2820 SCHERER DR.
STE. 200
ST. PETE FL 33716

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90003 029 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

59-3479971

Applied For

Not Applicable

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.



Yes



No

9. Name and Address of Current Registered Agent

CAMPBELL, RAYMOND
2820 SCHERER DR.
STE. 200
ST. PETE FL 33716

10. Name and Address of New Registered Agent

81 Name

IRIC VANN SPEARS

82 Street Address (P.O. Box Number is Not Acceptable)

2820 Scherer Dr Ste 200

83

84 City

St. Pete

FL

85 Zip Code

33716

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SPEARS, I V JR.	
STREET ADDRESS	2816 LA CONCHA DR	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPEARS, IRIC	
STREET ADDRESS	2820 SCHERER DR.	
CITY-ST-ZIP	ST. PETE FL 33716	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOWENS-SPEARS, NICOLE	
STREET ADDRESS	2800 COUNTRYSIDE BLVD. #4	
CITY-ST-ZIP	CLEARWATER FL 34621	
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	SPEARS, IRIC
3.3 STREET ADDRESS	2820 Scherer Dr. Ste. 200
3.4 CITY-ST-ZIP	St. Pete, FL 33716
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	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/99 727.571.1171

CR2E034 (5/99)