

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

**APPROVED  
AND  
FILED**

98 JUN -5 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam, Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 97000104073 (6)

1. Corporation Name  
~~RESTAURANT~~  
MANAGEMENT SYSTEMS, Inc.

Principal Place of Business: P.O. Box 2623 Daytona Beach, Florida 32115  
Mailing Address: P.O. Box 2623 Daytona Beach, Florida 32115

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	12-09-97	
Suite, Apt #, etc		Suite, Apt #, etc.		4. FEI Number	
City & State		City & State		59-3489695	
23	24	28	29	5. Certificate of Status Desired	
Zip	Country	Zip	Country	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Gill, Eric V				81 Name			
4393 Ridgewood Ave. Suite I				82 Street Address (P.O. Box Number is Not Acceptable)			
Port Orange, FL 32127				83			
				84 City			
				FL 85 Zip Code			

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 of Registered Agent required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TP	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Lilly, James W.		12. NAME	900002557559--3			
STREET ADDRESS	P.O. Box 2623 NA		13. STREET ADDRESS	-06/11/98--01123--007			
CITY-ST-ZIP	Daytona Beach, FL 32115		14. CITY-ST-ZIP	****150.00 ****150.00			
TITLE	US	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Thomas, Christian		22. NAME				
STREET ADDRESS	P.O. Box 2623 NA		23. STREET ADDRESS				
CITY-ST-ZIP	Daytona Beach, FL 32115		24. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			32. NAME				
STREET ADDRESS			33. STREET ADDRESS				
CITY-ST-ZIP			34. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			42. NAME				
STREET ADDRESS			43. STREET ADDRESS				
CITY-ST-ZIP			44. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			52. NAME	\$9615			
STREET ADDRESS			53. STREET ADDRESS				
CITY-ST-ZIP			54. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			62. NAME				
STREET ADDRESS			63. STREET ADDRESS				
CITY-ST-ZIP			64. 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)(c), Florida Statutes. I further certify that the information indicated on the 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, unchanged, or in an attached block with an address.

SIGNATURE: *Jan W. Lilly* President 4-27-98 904-767-7687  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.

CR2E034 (10/97)