
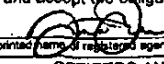


FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90011 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000035772 1. Corporation Name ACADIAN RESTAURANTS, INC.					
Principal Place of Business 4800 NORTH FEDERAL HIGHWAY SUITE 200P BOCA RATON FL 33431			Mailing Address 4800 NORTH FEDERAL HIGHWAY SUITE 200P BOCA RATON FL 33431		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 4800 No. Federal Hwy Suite, Apt. #, etc. 22 205-A City & State 23 Boca Raton, FL Zip 24 33431			2a. Mailing Address 26 4800 No. Federal Hwy Suite, Apt. #, etc. 27 205-A City & State 28 Boca Raton, FL Zip 29 33431		
9. Name and Address of Current Registered Agent SPONDER, STEVEN 4800 NORTH FEDERAL HIGHWAY SUITE 200P BOCA RATON FL 33431			3. Date Incorporated or Qualified 04/17/1998 4. FEI Number 65-0855716 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4800 No. Federal Hwy Suite 205-A 84 City Boca Raton FL 85 Zip Code 33431			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  DATE 3-15-99 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME SPONDER, STEVEN STREET ADDRESS 401 N.E. MIZNER BOULEVARD, #203 CITY-ST-ZIP BOCA RATON FL 33432			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:

 **SIGNATURE REQUIRED**
SIGNATURE AND EXEMPT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 **561367-8901**
Date Daytime Phone #

CR2F034 (11/98)