


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90068 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000069537		
1. Corporation Name JOHNNY'S RIBS & WINGS, INC.		

Principal Place of Business 2612 SILKWOOD CIRCLE SUITE 712 ORLANDO FL 32818	Mailing Address 2612 SILKWOOD CIRCLE SUITE 712 ORLANDO FL 32818
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 606 S. Dillard St. 22 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date incorporated or Qualified 08/05/1998
23 City & State Winter Garden, FL.		27 City & State St. Anne		4. FEI Number 593527244
24 Zip 34787		29 Zip 32818		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
26 Country		31 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HENRY, JOHNNY R. 2612 SILKWOOD CIRCLE SUITE 712 ORLANDO FL 32818		10. Name and Address of New Registered Agent 81 Name <u>Charlene Henry</u> 82 Street Address (P.O. Box Number Is Not Acceptable) <u>2612 Silkwood Cr. # 712</u> 83 <u>Orlando</u> <u>FL</u> <u>32818</u> 84 City <u>Orlando</u> <u>FL</u> <u>32818</u>	
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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 Charlene A. Henry DATE 4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, JOHNNY R	1.2 NAME	
STREET ADDRESS	2612 SILKWOOD CIRCLE, SUITE 712	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY CHARLENE	2.2 NAME	HENRY CHARLENE
STREET ADDRESS	2612 Silkwood Circle suite 712	2.3 STREET ADDRESS	2612 Silkwood Cr. suite 712
CITY-ST-ZIP	Orlando, FL 32818	2.4 CITY-ST-ZIP	Orlando, FL 32818
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: JOHNNY R. HENRY DATE 4/28/99 DAYTIME PHONE # (407) 680-7400

CR2E034 (1/198)