


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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S37765** (2)
1. Corporation Name
DURANGO STEAKHOUSE OF 4TH STREET, INC.



Principal Place of Business 2325 ULMERTON ROAD SUITE 20 CLEARWATER FL 34622 US	Mailing Address 2325 ULMERTON ROAD SUITE 20 CLEARWATER FL 34622-3373 US
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3. Date Incorporated or Qualified 03/14/1991	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3161541	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**PARRY, EDWARD H
2325 ULMERTON ROAD
SUITE 20
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS


TITLE	DP	<input type="checkbox"/> DELETE
NAME	BULLARD, FRED B	
STREET ADDRESS	2325 ULMERTON ROAD SUITE 20	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BULLARD, KAROL K	
STREET ADDRESS	2325 ULMERTON ROAD SUITE 20	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	PARRY, EDWARD H	
STREET ADDRESS	2325 ULMERTON ROAD SUITE 20	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DERRY, REBECCA	
STREET ADDRESS	2325 ULMERTON ROAD SUITE 20	
CITY-ST-ZIP	CLEARWATER FL	
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	D/C	<input checked="" 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	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Walker, Mitch	
5.3 STREET ADDRESS	2325 Ulmerton Rd, #20	
5.4 CITY-ST-ZIP	Clearwater, FL 34622	
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 do 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:  **VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97
Date

813-576-6424
Daytime Phone #

CR2E034 (9/96)