


FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 30 1997 8:00am Secretary of State	
DOCUMENT # S38307 (2)					
1. Corporation Name RIBS EXPRESS, INC.					
Principal Place of Business 9921 MIRAMAR PKWY. MIRAMAR FL 33025 US			Mailing Address 9921 MIRAMAR PKWY. MIRAMAR FL 33025-2307 US		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1991
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996
22 City & State			27 City & State		4. FEI Number 65-0251400
23 Zip			28 Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
24			30		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent MC MINN, ROBERT B. 2101 NW 112 TERR PEMBROKE PINES FL 33026			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when resigning) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
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.					