## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S46490 **DOCUMENT #** 

(6)

BUFFET MANAGEMENT, INC.

Principal Place of Business	S	Mailing Addre

Mailing Address

		3074 COLLEGE AVENU RUSKIN FL 33570 US	13570		Date Incorporated or Qualified     04/19/1991	3a. Date of Last Report 03/22/1995	
2. Principal Plac	ce of Business 14th Street W·	2a. Maling Address 26 4910 14+1	Street	ŀω.	4. FEI Number 59-3062837		Applied For Not Applicable
Suite, Apt. #, etc.			Sete, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
Brod	enton FL	28 Bradento	1 FL	•	<b>6.</b> Election Campaign Financing Trust Fund Contribution	1 1	OO May Be ed to Fees
34207	- 10 000.	29 34207	Country 30 US/	9	8. This corporation has liability for a Fiorida Statutes	No	199.032,
	9. Name and Address of Curren	t Registered Agent		r	10. Name and Address of New R	egistered Agent	
			81	Name			
MAY, J. WILLIAM 1899 BUCCANEER CIRCLE		82	82 Street Address (P.O. Box Number is Not Acceptable)				
s SARASO	TA FL 34231		83				
			84	City		FI 85 Z	?ıp Code
SIGNATURES  12.  TITLENAMESTREET ADDRESS	OFFICERS AN:  PD  MAY, J. WILLIAM  1899 BUCCANEER CIRCLE		18 - Registeria EAgus 13. 1 - 1 TITUE 1 2 NAME 1 3 STREET	7	et oran reinstating ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT Change	
CITY - ST - ZIP	SARASOTA FL		1.4 City - S	IT-ZIP			4.4 ·p · p · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVING, EDWIN N 50 S MULBERRY ST WILMINGTON OH	<b>V</b> D€L€TE	2 1 THLE 22 NAME 23 STREET 24 CHY-S			Change	e Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELETE	3 1 TITLE 32 NAME 33 STREE 34 GIFY S	ADDRESS 7	P rett Hutchens 667 bonald Ross Rd.l avasata FL 3424		Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELE1E	4 1 TITLE 4 2 NAME 4 3 STREET	ADDRESS		☐ Change	e 🔲 Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5 1 TITLE 52 NAME 53 STREET 54 CITY-5	ADDRESS	90000181 -05/06/96011 ***208.75	<b>)9149</b> 035010	Addition
TITLE NAME STREET ADDRESS	an ex verification	☐ DELETE	6 1 THE 62 NAME 63 STREET			☐ Change	Addition

640TY ST-ZIP

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3;k), Florida Statutes. I further certify that the information indicated on triis innual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the supporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 chapter or or an attachment with an address.

SIGNATURE:

J. Wm. May

CR2E034 (12/95)