

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

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S73923** (2)

1. Corporation Name
BRADENTON BUFFET, INC.



Principal Place of Business 4848 14TH STREET WEST BRADENTON FL 34207 US	Mailing Address 3074 COLLEGE AVENUE SE SUITE 201 RUSKIN FL 33570 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>4910 14th Street W.</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>Suite 204</i>
City & State 23	City & State 28 <i>Bradenton FL</i>
Zip 24	Country 25 <i>34207</i> 29 <i>USA</i> 30

3. Date Incorporated or Qualified 08/16/1991	3a. Date of Last Report 03/22/1995
4. FEI Number 65-0286031	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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. 193.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAY, J. WILLIAM
 1899 BUCCANEER CIRCLE
~~SUITE 110~~
 SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<i>1899 Buccaneer Circle</i>
83	
84 City	<i>Sarasota</i>
85 State	FL
86 Zip Code	34231

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 of person or entity designated as registered agent and the corporation's registered agent signature required by law. Date: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OSWALD, KENNETH F	
STREET ADDRESS	600 COURTLAND ST #110	
CITY- ST- ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAY, J. WILLIAM	
STREET ADDRESS	1899 BUCCANEER CIRCLE	
CITY- ST- ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	VP BRETT HUTCHENS
33 STREET ADDRESS	7667 DONALD ROSS RD W.
34 CITY- ST- ZIP	SARASOTA, FL 34240
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	600001809126
53 STREET ADDRESS	-05/06/96--01035--005
54 CITY- ST- ZIP	***208.75
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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 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 or on an attachment with an address.

SIGNATURE: *J. Wm. May* **J. Wm. May** **4-11-96** **(941) 755-3914**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4-11-96** **SC-5-6-96**

CR2E034 (12/95)