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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

ANNUAL REPORT 1996  DOCUMENT # \$78426		Secretary of State DIVISION OF CORPORATIONS  (1)						
	RESTAURANT COI	NCEPTS INC						
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Principal Place	of Pusiones		ilian Addama					
			iiing Address					
	RICH DR., SUITE C-4 FITY BEACH FL 32407		489 BECKRICH DR PANAMA CITY BEAC					
						3. Date incorporated or Qualified	3a. Date of Last R	leport
			·			09/09/1991	07/13/1	995
2. Principal Pla	ice of Business	—- n	Mailing Address			4. FET Number	<b>├-</b>	Applied For
21   Suite, Apt. #	f, etc.	26	Suito, Apt. #, etc			65-0308129		Not Applicable  Additional
22		27				5. Certificate of Status Desired		Required
City & State		1.21	Oty & State			6. Election Campaign Financing		<b>0</b> May Be
<b>23</b>	Country	28	Ζρ	Count		Trust Fund Contribution  8. This Corporation has liability for i	Adde	d to Fees
24	25	29	• •	30	' '		Mangible tax tinder s ☐ No	199.032,
	9. Name and Addres	s of Current Regist	ered Agent			10. Name and Address of New R	egistered Ågent	
				8	1 Name			
	Jeanne Juarts ave.			8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	*
	MA CITY BEACH FL 3:	2408-6402		8	3			
.,,,,,,,,		2100 0 102		8	4 City		100 2	p Code
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or registere	o the provisions of Section ed agent, or both, in the S	ns 607,0502 and 607 State of Florida, Such	.1508, Florida Statute change was authorize	es, the above ed by the cor	enamied corpo poration's bo	oration submits this statement for the pur and of directors. Thereby accept the appo	pose of changing its r pintment as registered	egistered office   Lagent Lam
	n, and accept the obligate	ons of, Section 607.0	505, Florida Statutes	<b>.</b>				
SIGNATURE S	Signature, typed or printed name of			ne regioned Å	ent signature rei pe		ĐÁI:	
12.	OF.	FICERS AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · ·	ORS IN 12
NAME	HOUSTON, F W		C) butter	1. † TITLE 1.2 NAMI				F 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and half 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: Policia Storisto V. Pres.

1/19/96 904-233-8000