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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # \$99129

NICK'S FAMILY RESTAURANT, INC.

(6)

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 8526 S.R. 54 NEW PORT RICHEY FL 34653 NEW PORT RICHEY			FL 34653-645R		3. Date incorporated or Qualified 3a. Date of Last Report			
					12/09/1991		30/1996	вроп
	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
Suite, Apt.	# Fife:	Suite, Apt. #, etc.			59-3096190		\$8.75	t Applicable
22		27			5. Certificate of Status D	esired	Fee Re	
City & State		City & State		6. Election Campaign Fir	· —			
23 Zip	Country	28 Zip	Countr	v	Trust Fund Contributio 8. This corporation has li	· · · · · · · · · · · · · · · · · · ·		
24	25	29	30	,	Florida Statutes		No	189.032,
	9. Name and Address of Curre				10. Name and Address o	of New Registered	Agent	
	UGAS, JOHN		81	Name				
	3 S.R. 54		6:	Street Add	ress (P.O. Box Number is Not	Acceptable)		
NEW	PORT RICHEY FL 34853		8:		.,	- 		
			84	City		FL	85 Zip (Code
office or nagent. La	to the provisions of Sections 607 05 egistered agent, or both, in the Stat in familiar with, and accept the obli-						or crianging it pointment as	registered
12.	Signature Typid or printed name of registered a	gent and title if applicable. ND DIRECTORS	(NOTE: Registered A	jent signature requi	red when reinstating) ADDITIONS/CHANGES	DATE	DIDECTOR	C IN 12
TITLE	D	DELETE			ADDITIONS/OFFAIGES	TO OFFICENS AND	Change	Addition
NAME	DROUGAS, JOHN		1.2 NAME					_
STREET ASIDRESS	3858 SUNRISE LN		1.3 STREE	Y ADDRESS				
CITY+ST-ZIP	TARPON SPRINGS FL		1.4 CITY-	ST-ZIP				
THLE	D DOUGLA BERTHA	☐ DELETE					Change	
NAME	DROUGAS, BERTHA 3856 SUNRISE LN		2.2 NAME					
STREET ADDRESS Offy -S1 - ZiP	TARPON SPRINGS FL		2 3 STREE	T ADDRESS		· .		
TITLE	77411 017 017111100 12	☐ DELETE	31 TITLE	- 31 - 2IF			Change	Addition
NAME			32 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS				
CITY - \$1 - 7IP		The state of the s	3 4. C(TY	ST-ZIP		·,···· · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	41 TITLE	.			Change	☐ Addition
NAME CTREET ADDRESS			4 2 NAMI	:				
STREET ADDRESS			4.4.67000	* ****				
PITY OF THE				T ADDRESS				
CITY-ST-7IP TIFLE		☐ DELETE	4.3 STREE 4.4 CITY- 5.1 TITLE				Change	Addition
···········		☐ DELETE	4.4 CITY-	ST-ZIP			Change	Addition
THE		☐ DELETE	44 CITY- 51 TITLE 52 NAME	ST-ZIP			Change	Addition
TOILE NAME			4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ST-ZIP T ADDRESS				
THE NAME STREET ADDRESS		☐ DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ST-ZIP T ADDRESS			Change	Addition Addition
THE NAME STREET ADDRESS CITY+ST-789			44 CITY 51 TITLE 52 NAME 53 STREI 54 CITY- 61 TITLE 62 NAME	ST-ZIP T ADDRESS ST-ZIP				
THE NAME STREEL AODRESS CHY-SL-ZP THE			44 CITY 51 TITLE 52 NAME 53 STREI 54 CITY- 61 TITLE 62 NAME	ST-ZIP T ADDRESS ST-ZIP 1 ADDRESS				

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 it made under oil arm 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.