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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99129

(6)

NICK'S FAMILY RESTAURANT, INC.

		FILEL)
Apr	15	1998	8:00am
Se	cre	tary o	f State

Principal Plac	ce of Busine	ss	Mailing Ad	dress				1 - SOMETHING AND STREET STREET STREET STREET STREET	71811 #I # II (hallet Miller Rif) to Octob (00)
8526 S.R. 54			8526 S.R.								
NEW PORT RICHEY FL 34653			NEW POR	NEW PORT RICHEY FL 34653				DO NOT WRITE IN	d THIC C	DACE	
								3. Date Incorporated or Qualified	111100	ACE	
								12/09/1991			
2. Principal I	Place of Bus	ness	2a. Mailing	Address				4. FEI Number		TA	pplied For
21			26					59-3096190			ot Applicable
l Suite Ant	. #, etc.			pt. #, etc.						\$8.75	Additional
22			27					5. Certificate of Status Desired		Fee R	equired
I C⊪tv&Sta	ite		City & S	State				6. Election Campaign Financing			May Be
23			28					110011011011	<u> </u>		to Fees
ZIP		Country	Zip		Cour	ılry		8. This corporation owes or has paid			
24	6 Name	25	29		30			Personal Property Tax due June 30			No
- N		e and Address of Cu	HOUL HUUSEURG AG	la i ()		B1 [Name	10. Name and Address of New Regi	-(0100 A	Agur	
	R oug as, J 526 S .R. 54				[
		RICHEY FL 34653			- [B2	Street Add	dress (P.O. Box Number is Not Acceptable)		
IN	EAL LOH!	NUTIET FL 34033			, ,	83	 -				
					[]						
17.3	1				Ĩ	B4	City		FL	85 Zip	Code
	to the provi	signs of Sections 607	0502 and 607 1608	Florida Statuto	r the ph		named cor	reporation cultimits this statement for the pur		changing i	ite registered
office or	registered a	gent, or both, in the S	late of Florida, Such	change was a	uthorized	by	the corpora	rporation submits this statement for the pur ation's board of directors. I hereby accept t	the appo	intment as	registered
agent. La	am familŧar v	rith, and accept the o	bligations of, Section	607.0505, Flo	rida Statu	tes	i.				
SIGNATURE	Signature tune	d or printed hame of registere	d expert and tills if anotophic	(NOIE	Oppidated	Ann	nt rignatura regu	vired when reinstating)	DATE		
12.	Signatore, type		AND DIRECTORS	; (NOIL	13.	rygo	iii sigriature requ	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	D			DELETE	1.1 TITL	E	1			Change	Addition
NAME	DROUG	BAS, JOHN			1.2 NAM	ΛE					
STREET ADDRESS		UNRISE LN			4		address				
CITY-ST-ZIP	TARPO	n springs fl			1.4 CITY						
TITLE	D		i l	DELETE	2.1 TITL					Change	■ Addition
NAME	DROUG	BAS, BERTHA			2.2 NAM	ΛE					
STREET ADDRESS		UNRISE LN			2.3 STR	EET A	ADDRESS		u.s		
CITY-ST-ZIP	TARPO	n springs fl			2.4 CIT	Y-\$	T-ZiP				
TITLE]	DELETE	3 1 TITL					Change	Addition
NAME					3.2 NAN	AΕ					
STREET ADDRESS					3.3 STR	EET .	ADDRESS				
CITY-ST-ZIP					3.4. CIT	Y-S	T-ZIP				
TITLE				DELETE	4.1 TITL	_				Change	Addition
NAME					4, 2 NAI	ME					
STREET ADDRESS					4.3 STR	EET /	ADDRESS				
CITY-ST-ZIP					4.4 CITY	/- ST	1- Z IP				
TITLE	[DELETE	5.1 TiTL		1			Change	Addition
NAME					5.2 NAM	ŧΕ					
STREET ADDRESS					5.3 STRI	EET /	ADDRESS				
CITY-ST-ZIP	1				5.4 CITY	r-\$1	I-ZIP				
TITLE				DELETE	6.1 TITL				Ī	Change	Addition
NAME					6.2 NAM	1E					
STREET ADDRESS					6.3 STRI	EET A	ADDRESS				
CITY-ST-ZIP					6.4 CITY						

14. I 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.

IONATURE () () () ALLEY MODILE AS IL 10. 8