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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DOCUN 1. Corporation	MENT # VO230 Name RY HAM N' EGG RESTA	82	(2)	OHPOHATIC	JNS		IIIII AAN DAN BALLAIR	1 <b>4 4 1 1 1 1</b> 1
Principal Place 4040 GALT OC UNIT 804	CEAN DR.	4040 GALT UNIT 804	Mailing Address 4040 GALT OCEAN DR. UNIT 804 FT. LUADERDALE FL 33306-8502					
FT. LUADERDA	ALE FL 33308	FI. WADE				3. Date Incorporated or Qualified 12/26/1991 3a. Date of Last Repo 05/01/1996		Report
	lace of Business	2a. Mailing	Address			4. FEI Number 65-0303693	A	oplied For ot Applicable
Suite, Apt.	#, elc		Suite, Apt. #, etc.			Certificate of Status Desired		Additional
22	برجونت کے خدور میں معمد کے معامل کے معامل کی انتہا تا ہے کہ انتہا ہے کہ انتہا تا ہے کہ انتہا ہے کہ انتہا ہے۔	27				5. Certificate of Status Desired	Fee R	equired
City & State	e	City & S	State			6. Election Campaign Financing		May Be
<b>23</b> Zip	Country	28 Zip		Country	·	Trust Fund Contribution  8. This corporation has liability for it		to Fees
24	25	29	ţ	30		Florida Statutes	Yes No	, 100,002.,
	9. Name and Address of Cu	rrent Registered Ag	jent			10. Name and Address of New Re	gistered Agent	
GREENHALGH, HERBERT 4040 GALT OCEAN DR. UNIT 804 FT. LAUDERDALE FL 33308				81 82 83	Name Street Add	odress (P.O. Box Number is Not Acceptable)		
				1	\			<u> </u>
SIGNATURE	Signature, typed or pented name of registers					poration submits this statement for the pation's board of directors. I hereby acception when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	
TiTLE	DP		DELETE	1.1 TITLE	Ţ		Change	RS IN 12
NAME	GREENHALGH, HERBERT	1004		1.2 NAME	- 1			ļ
STREET ADDRESS	4040 GALT OCEAN DR, # FT. LAUDERDALE FL	7004		1.3 STREET				ļ
CITY - ST - ZIP TITLE	FI. LAUDERDALE FL		DELETE	1.4 CITY - S 2 1 TiTLE	T-ZIP		Change	Addition
NAME				2.2 NAME	1			
STREET ADDRESS				2.3 STREET	ADDRESS			l
CHY-SI-ZIP				2. 4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TIFLE	: [		Change	Addition
NAME DAMES A ADDRESS				3.2 NAME	, annured			1
STREET ADDRESS : CITY-S1-Z-P				3.3 STREET				}
TIFLE			DELETE	4.1 TiTLE	VI 411		Change	Addition
NAME				4. 2 NAME	.			}
STREET ADDRESS				4.3 STREET	ADDRESS			l
CITY - S1 - ZIP		······		4.4 CITY-S	ST-ZIP			
TIFLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	{			
CITY-S1-2IP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	51- LIP		Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				ı	ADDRESS			\
CITY-SI-ZIP				64 CITY-S				
14. I do heret informatio	by certify that the information sup on indicated on this annual repor	oplied with this filing I or supplemental an	does not qualify hoat report is tr	y for the exe	emption state urate and the	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I further certify that all effect as if made un	t the nder oath; that