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FILED  
May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V15943 (6)

1. Corporation Name  
PAPA DANS, INC.



Principal Place of Business  
HWY 20 @ SHEFFIELD CENTER  
INTERLACHEN FL 32148  
US

Mailing Address  
P.O. BOX 1943  
INTERLACHEN FL 32148-1943  
US

2. Principal Place of Business

21 1156 Hwy 20  
Suite, Apt. #, etc.

22 Interlachen Mini Mall  
City & State

23 Interlachen FL  
Zip

24 32148 Country Putnam

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
02/24/1992

3a. Date of Last Report  
04/23/1996

4. FEI Number

59-3107897

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WESLEY, JEFFREY L  
RT. 2 BOX 139  
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

81 Name Rosemary Custead  
82 Street Address (P.O. Box Number is Not Acceptable)  
1156 Interlachen Mini Mall  
83 Hwy 20  
84 City Interlachen FL 85 Zip Code 32148

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 principal officer of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/97

12. OFFICERS AND DIRECTORS

1.1 TITLE D  
1.2 NAME WESLEY, JEFFREY L  
1.3 STREET ADDRESS RT. 2 BOX 139  
1.4 CITY-ST-ZIP INTERLACHEN FL

2.1 TITLE D  
2.2 NAME CUSTEAD, OLIVER  
2.3 STREET ADDRESS RT. 3 BOX 180 - 1007 OLD GAINESVILLE Hwy.  
2.4 CITY-ST-ZIP INTERLACHEN FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME Rosemary Custead  
1.3 STREET ADDRESS P.O. Box 1943 - 3347 Hwy  
1.4 CITY-ST-ZIP Interlachen, FL 32148

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

904-684-3289

Daytime Phone

CR2E034 (9/96)