

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V21361** (3)

1. Corporation Name
F & S RESTAURANT VENTURES, INC.



Principal Place of Business
**6329 W COURTNEY CAMPBELL CSWY
TAMPA FL 33607
US**

Mailing Address
**8981 QUALITY RD
STE 1
BONITA SPRINGS FL 33923
US**

3. Date Incorporated or Qualified 03/16/1992	3a. Date of Last Report 02/14/1995
4. FEI Number 59-3112344	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	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**SMITH, JAMES F.
8981 QUALITY RD
STE 1
BONITA SPRGS FL 33923**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.05032 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

For the corporation, signed by the President, Secretary, Treasurer, or Registered Agent

DATE Registered Agent's signature received (date registered)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD	☒ DELETE	1.1 TITLE P/V/S/T/D	☒ Change ☐ Addition
2. NAME FOERST, JOHN N.		1.2 NAME James F. Smith	
3. STREET ADDRESS 400 E COLONIAL DR, #1305		1.3 STREET ADDRESS 8981 Quality Road, Ste. 1	
4. CITY-STATE-ZIP ORLANDO FL		1.4 CITY-STATE-ZIP Bonita Springs, FL 33923	
5. TITLE PDST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
6. NAME SMITH, JAMES F.		2.2 NAME	
7. STREET ADDRESS 8981 QUALITY RD #1		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP BONITA SPRINGS FL	☐ DELETE	2.4 CITY-STATE-ZIP	
9. TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP	☐ DELETE	3.4 CITY-STATE-ZIP	
13. TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP	☐ DELETE	4.4 CITY-STATE-ZIP	
17. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP	☐ DELETE	5.4 CITY-STATE-ZIP	
21. TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP	☐ DELETE	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 fee officer 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 both, in accordance with an address.

SIGNATURE:

James F. Smith

1/26/96

(941) 947-1607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)