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

CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS								Secretary of State				
Ţ		MENT # V65(YE FOOD CONCEPTS		(7)					} 1900 1 2000 1000 1000 1000 1000 1000 10	aran alam a		
80	9 CENTERWO	o of Husinoss XXX DR IGS FL 34889	809 (Mailing Address 809 CENTERWOOD DR TARPON SPRINGS FL 34689-7226								
									 Date Incorporated or Qualified 09/09/1992 		ate of Last R 24/1996	eport
2. 21	Principal Pi	ace of Business	2a. N	28. Mailing Address					4. FEI Number 59-3145791	1 4.71	Ap	pplied For
l	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
22	City & State			City & State					Election Campaign Financing		\$5.00	
23	7	Country	28			okry			Trust Fund Contribution		Added t	to Fees
24	Zip	Country Zip Co					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
		9. Name and Address of	Current Registe	red Agent	r		10. Name and Address of New Registered Agent					
DYHOUSE, GEORGE W. 809 CENTERWOOD DR.							Name					
TARPON SPRINGS FL 34889							Street A	Addres	ss (P.O. Box Number is Not Accepta	ole)		
												
							City	, ,	, <u>, , , , , , , , , , , , , , , , , , </u>	FL	85 Zip (Code
	Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State.								ration submits this statement for the		f changing if	s registered
l .		egistered agent, or both, in the familiar with, and accept the familiar with, and accept the familiar with a second the familiar with a second to be	ne State of Florida ne obligations of, \$	Such change was Section 607.0505, F	authorize Iorida Sta	d by lutes	the corp s.	ooratio	n's board of directors. I hereby acce	pt the app	ointment as	registered
S	GNATURE	Signature, typed or printed name of reg				d Age	eni signature	required	when reinstating)	DATE		
12	····	OFFICI	ERS AND DIRECT	ORS DELETE	13.	T. F	·······	n	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR Change	RS IN 12 Addition
l	LF JME	DYHOUSE, GEORGE W		L_ DECEIE	1.1 TO 1.2 N						first Change	L.J Addition
ļ	REE I ADORESS	809 CENTERWOOD DR					ADDRESS					
<u> </u>	IY-SI-7i₽	TARPON SPRINGS FL			1.40	TY-S	ST-ZIP					
111	ILF			DELETE	21 T	TLE					Change	Addition
	₩.				2.2 N							
1	RELT ADDRESS Ty-ST-21F				•		ADDRESS ST-ZIP					
<u> </u>	LF			☐ DELETE	3.1 Ti		31-211				Change	Addition
N/	AME				3.2 N	AME	Į					1
ra l	REET ADDIKESS				3.3 S	TREET	ADORESS					
	TY - ST - ZIP			DELETE			ST-ZIP				Change	Addition
TH NA	ime			ביין סכנכונ	4.1 Ti 4.2 M			İ			C Change	1 Notified
	HEET ADDRESS						ADDRESS					
l	TY - \$1 - 7(P						51-ZIP					
711	TLE .			☐ DELETE	5.1 T	TLE					☐ Change	Addition
1	AME				5.2 N							
,	REET ADURESS						ADDRESS					
	TY-ST-7:P ILE		<u></u>	DELETE	5.4 C		ST-ZIP				Change	Addition
1	LVME				6.2 N		ſ				-	
ST	HELT ADDRESS				6.3 S	TREET	ADDRESS					
1 ~	*** 63 310				# A.A	TV 6		l				,

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 arinual 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaching it symptopladdress.

SIGNATURE:

FILED

Apr 21 1997 8:00am