

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V73583** (9)

1. Corporation Name
HARVEY'S BISTRO, INC.



Principal Place of Business: **390 N. ORANGE AVE. SUITE 1290 ORLANDO FL 32801**
Mailing Address: **390 N ORANGE AVE SUITE 1290 ORLANDO FL 32801 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **10/19/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3147883**
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
**DEMPSEY, BERNARD H., JR.
1031 WEST MORSE BLVD.
SUITE 200
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and Zip Code.

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, typed or printed name of registered agent and title if appropriate) _____ (Typed Registered Agent Signature, registered office or state) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, M.A., III	2. NAME	
STREET ADDRESS	601 N. NEW YORK AVE.	3. STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK FL	4. CITY- ST- ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, ANTHONY	6. NAME	
STREET ADDRESS	601 N NEW YORK AVE	7. STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK FL	8. CITY- ST- ZIP	
TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, GERALDINE	10. NAME	
STREET ADDRESS	601 N NEW YORK AVE	11. STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK FL	12. CITY- ST- ZIP	
TITLE	SV	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKETT, RUSSELL	14. NAME	
STREET ADDRESS	601 N NEW YORK AVE	15. STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK FL	16. CITY- ST- ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY- ST- ZIP		20. CITY- ST- ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY- ST- ZIP		24. CITY- ST- ZIP	

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14. I do 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 (407) 647-4300

CR2E034 (12/95)