

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 708602 (8)
1. Corporation Name
THE FLORIDA RESTAURANT ASSOCIATION, INC.

FILED

95 FEB 28 AM 4: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2441 HOLLYWOOD BLVD. 2441 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1965 3a. Date of Last Report 03/09/1994
4. FEI Number 59-0571930 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MIGHDOLL, M.J.
2441 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: _____ (NOTE: Registered Agent signature required when necessary) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, BILL
STREET ADDRESS	613 MEAD RD.
CITY, ST, ZIP	BRANDON FL
TITLE	VPD
NAME	LEONARD, BOB
STREET ADDRESS	2655 N.E. 189TH ST.
CITY, ST, ZIP	N. MIAMI FL
TITLE	VPD
NAME	MCCOMAS, MICHAEL
STREET ADDRESS	840 B 12TH AVE. S
CITY, ST, ZIP	NAPLES FL
TITLE	TD
NAME	JARRETT, DAVE
STREET ADDRESS	P.O. BOX 10000 N/A
CITY, ST, ZIP	LAKE BUENA VISTA FL
TITLE	SD
NAME	AVERY, KIM
STREET ADDRESS	15730 COUNTRY COURT
CITY, ST, ZIP	FT. MYERS FL
TITLE	EVP
NAME	MIGHDOLL, M.J.
STREET ADDRESS	3650 N. 38TH AVENUE #29
CITY, ST, ZIP	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MURRAY, DENNIS	
1.3 STREET ADDRESS	7758 APPLE TREE CIRCLE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: _____ M. J. MIGHDOLL 2/22/95 305-921-6200
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Typed Name)