FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:58

DOCUMENT # 710612 (3)

1. Corporate Name

THE EDUCATIONAL FOUNDATION OF THE FLORIDA RESTAU RANT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2441 HOLLYWOOD BLVD HOLLYWOOD FL 33020-6605	2441 HOLLYWOOD BLVD HOLLYWOOD FL 33020-6605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1966
3a. Date of Last Report: 03/10/1994
4. FEI Number: 71-0612231 — [ ] Applied For [ ] Not Applicable

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

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 [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

MIGHDOLL, M.J.
2441 HOLLYWOOD BLVD.
HOLLLYWOOD 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	WILSON, VIVIAN	1.2 NAME	
STREET ADDRESS	P.O. BOX 561029 (N/A)	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32956	1.4 CITY-ST-ZIP	
TITLE	~~D~~	2.1 TITLE	[ ] Change [X] Addition VPD
NAME	~~ROBINSON, BILL~~	2.2 NAME	Jarrett, Dave
STREET ADDRESS	~~P.O. BOX 189 NA~~	2.3 STREET ADDRESS	P O Box 10000 N/A
CITY-ST-ZIP	~~VALRICO FL~~	2.4 CITY-ST-ZIP	~~Lake Buena Vista FL 32802~~
TITLE	~~DTS~~	3.1 TITLE	[ ] Change [X] Addition TD
NAME	~~GRENKOWSKI, TOM~~	3.2 NAME	Sherwood, Virginia
STREET ADDRESS	~~3249 US 98 NORTH~~	3.3 STREET ADDRESS	4206 Harbor House Drive
CITY-ST-ZIP	~~LAKELAND FL 33805~~	3.4 CITY-ST-ZIP	~~Tampa, FL 33615~~
TITLE	EV	4.1 TITLE	[ ] Change [ ] Addition
NAME	MIGHDOLL, M J	4.2 NAME	
STREET ADDRESS	3650 N. 38TH AVENUE, #29	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [X] Addition SD
NAME		5.2 NAME	Lee, May
STREET ADDRESS		5.3 STREET ADDRESS	1780 N Honore Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota, FL 34235
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. J. Mighdoll — 4/26/95 — 305-921-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. J. MIGHDOLL

0006472