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95 APR 25 AM 9:03

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # F95219 (4)

1. Corporation Name
FOOD COURT CORPORATION

Principal Place of Business: **8271 S.W. 185TH TERRACE MIAMI FL 33157 US**

Mailing Address: **8271 S.W. 185TH TERRACE MIAMI FL 33157 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/04/1982**

3a. Date of Last Report: **06/17/1994**

4. FEI Number: **59-2510527**

Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 100.002, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

MICHAEL, CARL M.
8271 SW 185TH TERRACE
MIAMI FL 33157

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MICHAEL, CARL M.
STREET ADDRESS	8271 S.W. 185TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	VSD
NAME	MICHAEL, CAROLYN M.
STREET ADDRESS	8271 S.W. 185TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	MICHAEL, CHRISTINE M.
STREET ADDRESS	8271 S.W. 185TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	MICHAEL, STEPHAN M.
STREET ADDRESS	8271 S.W. 185TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or our biennial 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 this 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, checked, or by an attachment with an address.

SIGNATURE: **CARL M. MICHAEL, PRES. 4-19-95 305 255-7376**