FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
FILED
... 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G07346 (1)

1. Corporation Name
OLD FLORIDA RECIPES, INC.

Principal Place of Business
3270 SUNTREE BLVD
SUITE 119
MELBOURNE FL 32940
US

Mailing Address
3270 SUNTREE BLVD
SUITE 119
MELBOURNE FL 32940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1982
3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-2221612 — 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
8. ... Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21: 131 Tomahawk Dr.
22: Suite, Apt. # etc.: Unit 13B
23: City & State: Indian Harbour Beach FL
24: Zip: 32937
25: Country: US

2a. Mailing Address
26: 131 Tomahawk Dr.
27: Suite, Apt. # etc.: 13 B
28: City & State: Indian Harbour Beach, FL
29: Zip: 32937
30: Country: US

9. Name and Address of Current Registered Agent

PARRISH, PAMELA
1305 SILVER LAKE DR.
MELBOURNE FL 32940

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 617.0502, 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

TITLE	P
NAME	PARRISH, PAMELA
STREET ADDRESS	1305 SILVER LAKE DR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	ST
NAME	PARRISH, CLYDE F
STREET ADDRESS	1305 SILVER LAKE DR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I the undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: Pamela A. Parrish Pamela A. Parrish May 18, 1995 (407) 779-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0074001 CP