

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000044025 (3)**

1. Corporation Name
FOOD COURT CAFES, INC.



Principal Place of Business: **5900 LAKE ELLENOR DRIVE ORLANDO FL 32809**
Mailing Address: **PO BOX 1113 %TAX DEPT MINNEAPOLIS MN 55440 US**

3. Date incorporated or Qualified: **06/22/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3207435**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 P.O. Box 593330**
Suite, Apt. #, etc.: **22 2ND FLOOR-CORP. TAX**
City & State: **23 ORLANDO, FL**
Zip: **24 32859-3330** Country: **25 USA**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAGRUDER, RONALD N	
STREET ADDRESS	5900 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	HALTERMAN, RICHARD	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	FAISANT, ROBERT F	
STREET ADDRESS	ONE GENERAL MILLS BLVD	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	LYONS, DANIEL	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES D	
STREET ADDRESS	5900 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GEORGE T	
STREET ADDRESS	5900 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JEFFREY J. O'HARA	
13 STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
14 CITY-ST-ZIP	ORLANDO, FL 32809	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George T. Williams **GEORGE T. WILLIAMS** 4/26/96 (407) 245-5584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)