

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062841 (0)**
1. Corporation Name
CULINARY CLASSICS, INC.

Principal Place of Business Mailing Address
3303 S SEMORAN BLVD 304 ORLANDO FL 32822 US **P.O. BOX 530453 ORLANDO FL 32859 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/27/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3200542** 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. This corporation has liability for multiple tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1503 East Pine Ave** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 **ORLANDO, FL** 28
Zip Country Zip Country
24 **32824** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
**FINKBEINER, FRANK G
105 E ROBINSON STREET
SUITE 515
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name **LAWRENCE A. MOTZEL**
82 Street Address (P.O. Box Number is Not Acceptable) **1503 EAST PINE AVE.**
83
84 City **ORLANDO** FL 85 Zip Code **32824**

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 *Lawrence A. Motzel* **PRESIDENT** DATE **4/26/95**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FINKBEINER, FRANK G
STREET ADDRESS	105 E ROBINSON STREET SUITE 515
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	P
NAME	MOTZEL, LAWRENCE A
STREET ADDRESS	3303 S SEMORAN BLVD #304
CITY - ST - ZIP	ORLANDO FL
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 IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAWRENCE A. MOTZEL
1.3 STREET ADDRESS	1503 E. PINE AVE
1.4 CITY - ST - ZIP	ORLANDO, FL 32824
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 the 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: *Lawrence A. Motzel* DATE **4/26/95** (407) 857-0478
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR