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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996 🦠	Sat 165	DIVISION	VOF CORPO	RATIONS					
1. Corporation	Name		62841	(0)						
CULIN	NARY CLASSICS, INC	j.								
Principal Place	of Business	Ma	ling Address				A ERBRANDON NON ERBERT RENTE RESIDE	I OBAN BANA DAN	I I 0 1110 11301 11	
1503 EAST	PINE AVE.		P.O. BOX 59345	53						
304			ORLANDO FL 3							
ORLANDO FL 32824 US			US				3. Date Incorporated or Qualified 3a. Date of Last Report 08/27/1993 05/01/1995			
2. Principal Pla	ce of Business		Mailing Address			4. FEI	Number 50 0000540	- 1		Applied For
11 Suite, Apt. #	L etc:	26	Suite, Apt. #, etc	<u> </u>			59-3200542			Not Applicable
	SUITE NUMBER	L 27	Sorie, Apr. #, etc	Ų.		5. Cert	ificate of Status Desired		,	Additional Required
City & State			City & State	<u> </u>		6. Etec	tion Campaign Financing			0 May Be
23		28					t Fund Contribution			to Fees
Zip ⊶	Country	⊢ -¬	Zip	F1	ountry	L L	corporation has liability for	~	tax under s	199.032,
24	9. Name and Address of	Current Regist	lered Anont	30			da Statutes	es No	1 800-1	
	a. Hame and Page 35 (I	Current neglet	inian vilgili		81 Name	IU. Nar	ne anu Audress Of New	negistere(- want	
LAWRE	NCE A, MOTZEL						ox Number is Not Accept	(alala)		
	AST PINE AVE.				Street A	Address (P.O. B	ox inumber is not accept	(abie)		
					83	SUITE	NUMBER	·· · · · · · · · · · · · · · · · · · ·		
SUITE	515									
	515 IDO FL 32824				NO NO	JUIL	HONOBO		OF 7in	Code
ORLAN	IDO FL 32824	07 0502 and 607	7 1508 Florida St	tatutes the ah	84 City	··		FI	L '	Code
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/23/96 (407) 857 0478
Date Destrict Proces