

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000034839 (7)

1. Corporation Name  
**HOGAN'S HEROS, INC.**



Principal Place of Business: 7562 W HWY 192, KISSIMMEE FL 34747  
Mailing Address: 7562 W HWY 192, KISSIMMEE FL 34747

3. Date Incorporated or Qualified: 04/28/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: [Blank] 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 intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [Blank]  
2a. Mailing Address: 26 [Blank]  
22. Suite, Apt. #, etc.: [Blank]  
27. Suite, Apt. #, etc.: [Blank]  
23. City & State: [Blank]  
28. City & State: [Blank]  
24. Zip: [Blank] Country: [Blank]  
29. Zip: [Blank] Country: [Blank]  
30. [Blank]

9. Name and Address of Current Registered Agent: MAALI, AMJAD, 9043 CLASSIC CT, ORLANDO FL 32819  
10. Name and Address of New Registered Agent: 81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): 7562 W Hwy 192  
83 [Blank]  
84 City: Kissimmee FL 85 Zip Code: 34747

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: [Signature] Amjad Maali DATE: 3/25/96

12. OFFICERS AND DIRECTORS  
1. TITLE: [Blank] NAME: Amjad Maali, D.P. [DELETE] STREET ADDRESS: 9043 Classic Ct. CITY-ST-ZIP: Orlando FL 32819  
2. TITLE: [Blank] NAME: Ahmad Garib STREET ADDRESS: 9447 Kilgore Rd. CITY-ST-ZIP: Orlando FL 32819  
3. TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]  
4. TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]  
5. TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [Blank] Change Addition  
1.2 NAME: [Blank]  
1.3 STREET ADDRESS: [Blank]  
1.4 CITY-ST-ZIP: [Blank]  
2.1 TITLE: [Blank] Change Addition  
2.2 NAME: [Blank]  
2.3 STREET ADDRESS: [Blank]  
2.4 CITY-ST-ZIP: [Blank]  
3.1 TITLE: [Blank] Change Addition  
3.2 NAME: [Blank]  
3.3 STREET ADDRESS: [Blank]  
3.4 CITY-ST-ZIP: [Blank]  
4.1 TITLE: [Blank] Change Addition  
4.2 NAME: [Blank]  
4.3 STREET ADDRESS: 600001795536  
4.4 CITY-ST-ZIP: -04/26/96-01019-016 \*\*\*200.00  
5.1 TITLE: [Blank] Change Addition  
5.2 NAME: [Blank]  
5.3 STREET ADDRESS: [Blank]  
5.4 CITY-ST-ZIP: [Blank]  
6.1 TITLE: [Blank] Change Addition  
6.2 NAME: [Blank]  
6.3 STREET ADDRESS: [Blank]  
6.4 CITY-ST-ZIP: [Blank]

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: [Signature] Amjad Maali DATE: 3/25/96 407-397-2332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)