

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S99682** (4)

1. Corporation Name  
**KISS FAST FOODS, INC.**



Principal Place of Business: **4748 IRLO BRONSON HWY. KISSIMMEE FL 34744**  
Mailing Address: **4748 IRLO BRONSON HWY. KISSIMMEE FL 34744**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	<b>1304 North Bay Street</b>	<b>12/12/1991</b>	<b>01/31/1995</b>
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>59-3098764</b>	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>Kissimmee, FL</b>		<b>Kissimmee, FL</b>		<input type="checkbox"/>	
24. Zip	Country	29. Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
		<b>34744</b>		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>GEORGE L. HAYES III P.A. SERVICES INC. 696 1ST AVENUE NORTH SUITE 303 ST. PETERSBURG FL 33701</b>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b>
				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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNESS, DANIEL W.</b>	1.2 NAME	<b>YOUNESS, DANIEL W.</b>
STREET ADDRESS	<b>11963 INDIAN ROCKS RD.</b>	1.3 STREET ADDRESS	<b>13000 PARK BLVD.</b>
CITY - ST - ZIP	<b>LARGO FL</b>	1.4 CITY - ST - ZIP	<b>SEMINOLE, FL 34646</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNESS, ANGELINE</b>	2.2 NAME	<b>YOUNESS, ANGELINE</b>
STREET ADDRESS	<b>11963 INDIAN ROCKS RD</b>	2.3 STREET ADDRESS	<b>13000 PARK BLVD.</b>
CITY - ST - ZIP	<b>LARGO FL</b>	2.4 CITY - ST - ZIP	<b>SEMINOLE, FL 34646</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **3/20/96** **407**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1847-2852**

CR2E034 (12/95)