

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMARA B. JACOBSON
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

95 MAY 10 AM 10:35

DOCUMENT # 472171

(8)

MAISON DES CREPES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

348 PARK AVE. N.
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

2. Place of Incorporation		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-1603211		04/07/1994	
22		27		5. Certificate of Status Desired		Applied For	
23		28		6. Election Campaign Financing Trust Fund Contribution		Not Applicable	
24		29		8. This corporation has liability for intangible tax under § 199.032 Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**BALLEW, WILLIAM L
1000 S ORLANDO AVE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 602, 603, 604 and 605, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 responsibility for the fee for 1995 Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. NAME	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2. NAME	SPATH, SYBIL	1. NAME
3. STREET ADDRESS	110 LONG LEAF LANE	2. NAME
4. CITY	ALTAMONTE SPRGS, FL00000	3. NAME
5. NAME		4. NAME
6. NAME		5. NAME
7. NAME		6. NAME
8. NAME		7. NAME
9. NAME		8. NAME
10. NAME		9. NAME
11. NAME		10. NAME
12. NAME		11. NAME
13. NAME		12. NAME
14. NAME		13. NAME
15. NAME		14. NAME
16. NAME		15. NAME
17. NAME		16. NAME
18. NAME		17. NAME
19. NAME		18. NAME
20. NAME		19. NAME
21. NAME		20. NAME
22. NAME		21. NAME
23. NAME		22. NAME
24. NAME		23. NAME
25. NAME		24. NAME
26. NAME		25. NAME
27. NAME		26. NAME
28. NAME		27. NAME
29. NAME		28. NAME
30. NAME		29. NAME
31. NAME		30. NAME
32. NAME		31. NAME
33. NAME		32. NAME
34. NAME		33. NAME
35. NAME		34. NAME
36. NAME		35. NAME
37. NAME		36. NAME
38. NAME		37. NAME
39. NAME		38. NAME
40. NAME		39. NAME
41. NAME		40. NAME
42. NAME		41. NAME
43. NAME		42. NAME
44. NAME		43. NAME
45. NAME		44. NAME
46. NAME		45. NAME
47. NAME		46. NAME
48. NAME		47. NAME
49. NAME		48. NAME
50. NAME		49. NAME
51. NAME		50. NAME
52. NAME		51. NAME
53. NAME		52. NAME
54. NAME		53. NAME
55. NAME		54. NAME
56. NAME		55. NAME
57. NAME		56. NAME
58. NAME		57. NAME
59. NAME		58. NAME
60. NAME		59. NAME
61. NAME		60. NAME
62. NAME		61. NAME
63. NAME		62. NAME
64. NAME		63. NAME
65. NAME		64. NAME
66. NAME		65. NAME
67. NAME		66. NAME
68. NAME		67. NAME
69. NAME		68. NAME
70. NAME		69. NAME
71. NAME		70. NAME
72. NAME		71. NAME
73. NAME		72. NAME
74. NAME		73. NAME
75. NAME		74. NAME
76. NAME		75. NAME
77. NAME		76. NAME
78. NAME		77. NAME
79. NAME		78. NAME
80. NAME		79. NAME
81. NAME		80. NAME
82. NAME		81. NAME
83. NAME		82. NAME
84. NAME		83. NAME
85. NAME		84. NAME
86. NAME		85. NAME
87. NAME		86. NAME
88. NAME		87. NAME
89. NAME		88. NAME
90. NAME		89. NAME
91. NAME		90. NAME
92. NAME		91. NAME
93. NAME		92. NAME
94. NAME		93. NAME
95. NAME		94. NAME
96. NAME		95. NAME
97. NAME		96. NAME
98. NAME		97. NAME
99. NAME		98. NAME
100. NAME		99. NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 this corporation or the individual responsible for preparing this report as required by Chapter 199, Florida Statutes, and that my name appears on this report or this supplemental report as an officer or director.

SIGNATURE:

Sybil Spath

SYBIL SPATH

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95

407-647-4469