

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 30 AM 8:29**

**DOCUMENT # 510517 (6)**

1. Corporation Name  
**LORENZO'S OF AMERICA, INC.**

Principal Place of Business      Mailing Address  
**% G. BRANDT**      **% G. BRANDT**  
**2413 W. COLONIAL DR.**      **2413 W. COLONIAL DR.**  
**ORLANDO FL 32806-3034**      **ORLANDO FL 32806-3034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/10/1976**      **07/21/1994**

4. FFI Number      Applicable Fee  
**59-1688152**      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		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BRANDT, GARY</b> <b>2413 W. COLONIAL DR.</b> <b>ORLANDO FL 32804</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Typed or printed name of registered agent and the 4 registrant)      (NOTE: Registered Agent signature required when resigning)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANDT, GARY</b>	1.2 NAME	
STREET ADDRESS	<b>1912 S. ORANGE AVE.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANDT, CAROL</b>	2.2 NAME	
STREET ADDRESS	<b>1912 S. ORANGE AVE.</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	2.4 CITY, ST, ZIP	
TITLE		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		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		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		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 110.07(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 or 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: \_\_\_\_\_ DATE: **3/22/95**      **407-298-7400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number