

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 # **F84533** (1)

1. Corporation Name

**CHEFS DE FRANCE OF ORLANDO, INC.**



Principal Place of Business

Mailing Address

**1830 AVE OF THE STARS  
PO BOX 22801  
LAKE BUENA VISTA FL 32830**

**1830 AVE OF THE STARS  
PO BOX 22801  
LAKE BUENA VISTA FL 32830**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**WILSON, SAMUEL  
1830 AVE OF THE STARS  
% CHEFS DE FRANCE OF ORLANDO INC.  
LAKE BUENA VISTA FL 32830**

3. Date Incorporated or Qualified

**06/07/1982**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**58-1476538**

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 the filer, if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOCUSE, PAUL	
STREET ADDRESS	PAUL BOCUSE CONSEIL	
CITY-ST-ZIP	COLLONGES, FRANCE 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LENOTRE, GASTON	
STREET ADDRESS	LE PRE CATELAN	
CITY-ST-ZIP	PARIS, FRANCE 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VERGE, ROGER	
STREET ADDRESS	MOULIN DE MOUGINS	
CITY-ST-ZIP	MOUGINS, FRANCE 0	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WILSON, SAMUEL	
STREET ADDRESS	1830 AVENUE OF THE STARS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 on an attachment with an address.

SIGNATURE:

SAMUEL WILSON

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

DATE

407 827-5032

Daytime Phone #

CR2E034 (12/95)