SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F94000000820 (0)

1. Corporation Name
TROPICAL TREAT OF CENTRAL FLORIDA, INC.

Principal Place of Business
1335 BENNETT DR
SUITE 175
LONGWOOD FL 32752

Mailing Address
1335 BENNETT DR
SUITE 175
LONGWOOD FL 32752

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report: 09/21/1995

2. Principal Place of Business
21 400 N. Fern Creek Ave
22 Suite, Apt. #, etc
23 City & State: Orlando, Florida 32803
24 Zip: 32803
25 Country: U.S.A.

2a. Mailing Address
26 400 N. Fern Creek Ave
27 Suite, Apt. #, etc
28 City & State: Orlando, Florida 32803
29 Zip: 32803
30 Country: U.S.A.

4. FEI Number: 59-3086631 — 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

9. Name and Address of Current Registered Agent
SWIER, RAY
1335 BENNETT DR
SUITE 175
LONGWOOD FL 32752

10. Name and Address of New Registered Agent
81 Name: William F. Simonet
82 Street Address (P.O. Box Number is Not Acceptable): 400 Fern Creek Ave
83
84 City: Orlando FL
85 Zip Code: 32803

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] 8/5/96
Signature (typed or printed) of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	XX DELETE
NAME	SWIER, JUDITH R	
STREET ADDRESS	1335 BENNETT DR, SUITE 175	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VSTD	XX DELETE
NAME	SWIER, RAYMOND	
STREET ADDRESS	1335 BENNETT DR, SUITE 175	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	X Change ☐ Addition
1.2 NAME	RAY SWIER	
1.3 STREET ADDRESS	400 N. FERN CREEK AVE.	
1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32803	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	600001921836	☐ Change ☐ Addition
6.2 NAME	-08/14/96--01057--016	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ray Swier, Pres.Sec. Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #