FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:35

DOCUMENT # G33025 (9)

1. Corporation Name
EPICUREAN REVUE, INC.

Principal Place of Business	Mailing Address
4619 HIGEL AVE P.O.BOX 1050 SARASOTA FL 34242 US	101 E KENNEDY BLVD SUITE 2500 TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1983
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2299061 ☐ 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

YADLEY, GREGORY C.
101 E KENNEDY BLVD
SUITE 2500
TAMPA FL 33602

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 of New Registered Agent, if changed) (NOTE: Registered Agent signature required when name(s) changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PRADE, JEAN NOEL	12 NAME		
STREET ADDRESS	4619 HIGEL AVE	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		
		21 TITLE	VPD	☐ Change ☒ Addition
		22 NAME	ELIZABETH PRADE	
		23 STREET ADDRESS	4619 HIGEL AVENUE	
		24 CITY-ST-ZIP	SARASOTA, FL	
		31 TITLE	S	☐ Change ☒ Addition
		32 NAME	GREGORY C. YADLEY	
		33 STREET ADDRESS	101 E. KENNEDY BLVD., #2500	
		34 CITY-ST-ZIP	TAMPA, FL 33602	
		41 TITLE		☐ Change ☐ Addition
		42 NAME		
		43 STREET ADDRESS		
		44 CITY-ST-ZIP		
		51 TITLE		☐ Change ☐ Addition
		52 NAME		
		53 STREET ADDRESS		
		54 CITY-ST-ZIP		
		61 TITLE		☐ Change ☐ Addition
		62 NAME		
		63 STREET ADDRESS		
		64 CITY-ST-ZIP		

14. I 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)(i), 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 above, or on an attachment with an address.

SIGNATURE: J. Prade
SIGNATURE AND TYPED OR PRINTED NAME OF SWORN CHANGE OR DIRECTOR — Date — Telephone Number

0000171 CP