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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** G43485

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DIT	/	_,,,	<b>∟, "</b> '	10.

2. Principal Place of Business

BRUSHETTE, INC 110 PINION CIRCLE **ORMOND BCH FL 32174** 

Suite, Apt. #, etc.

21

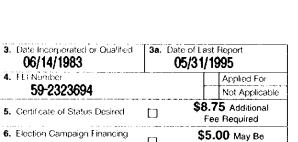
Principal Place of Business	Maling Address	-
6347 SUNHIGH DR NEW PORT RICHEY FL 34655	6347 SUNHIGH DR NEW PORT RICHEY FL 34655	

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27

2a. Mailing Address

Suite, Apt. #, etc



8. This corporation has liability for intangible tax under s. 199.032,

Added to Fees

City & State City & State 23  $Z_{\rm IP}$ 24 25 29 30 9. Name and Address of Current Registered Agent WILKESON, CHARLES

	Florida Statutes 🔀 Yes 🗍 No
1	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

Trust Fund Contribution

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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature typed or printed name of registered agent and this if applicable. (MOTE Registered Application returns on the receiving DATE.)									
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
Talle	PC	DELETE	1. 1 TITLE		☐ Change	Addition .			
NAME	WILKESON, CHARLES N.		1.2 NAME						
STREET ADDRESS	110 PINION CIRCLE		1.3 STREET ADDRESS						
C!TY - ST - ZIP	ORMOND BCH, FL 00000		1.4 CITY - ST - ZIP						
TITLE	CEO	☐ DELETE	2 1 TIT: E		Cnange	Add-tion			
NAME	ALFARONE, JILL W.		2.2 NAME						
STREET ADDRESS	6347 SUNHIGH DR		2.3 STREET ADDRESS						
CITY - ST - ZIP	NEW PORT RICHEY FL		2.4 CHY-ST-ZIP						
TITLE		☐ DELETE	3 1 1076		☐ Change	Addition			
NAME			3.2 NAME						
STREET ADDRESS			33 STREET ADDRESS						
CITY-ST-ZIF			3.4 CITY - ST - 712						
TITLE		DELETE	4 1 10°LE		Change	Addition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - \$1 - 7 P						
TITLE	, , , , , , , , , , , , , , , , , , ,	[] DELETE	5 1 THILE		Change	Addition			
NAME	•		5.2 NAME						
STHEET ADDRESS			5.3 STREET ADDRESS						
CITY - S1 - ZIP			5 4 CITY - ST - ZIF						
THLE		DELETE	6 1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			63 STREET ADDRESS						
CITY - ST - ZIP			6.4 CITY - ST - 7IP						

14. I do hereby certify that the information supplied with this filling 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 coath; 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 Bjeck 13 if changed, or on an attaylinghat with an address.

SIGNATURE:

3/28/94

813-376-8434

CR2E034 (12/95)