

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 # **G44726** (9)

1. Corporation Name
CUISINE DES CHEFS, INC.



Principal Place of Business: **2441 ORLANDO CENTRAL PKWY, P.O. BOX 22801, ORLANDO FL 32809 US**
Mailing Address: **% CHEFS DE FRANCE, P.O. BOX 22801, LAKE BUENA VISTA FL 32830-9801**

3. Date Incorporated or Qualified: **06/22/1983**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2388518**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**WILSON, SAMUEL
1830 AVENUE OF THE STARS
% CHEFS DE FRANCE OF ORLANDO, INC
LAKE BUENA VISTA FL 32830**

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: **FL**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LENOTRE, GASTON	
STREET ADDRESS	LE PRE CATELIN	
CITY - ST - ZIP	PARIS, FRANCE 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOCUSE, PAUL	
STREET ADDRESS	PAUL BOCUSE CONSELL	
CITY - ST - ZIP	COLLINGES, FRANCE 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VERGE, ROGER	
STREET ADDRESS	MOULIN DE MOUGINS	
CITY - ST - ZIP	MOUGINS, FRANCE 00000	
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		
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
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, changed, or on an attachment with an address.

SIGNATURE: *Samuel Wilson* Samuel Wilson 4/24/96 407-827-5032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printed

CR2E034 (12/95)