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

APPROVED AND FILED

95 JUN 21 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/22/95--01062--008
****225.00 ****225.00

DOCUMENT # G67704 (8)

1. Corporation Name
~~CUISINE DEFRANCE, INC.~~
RUSSELL & CRIPE INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7449 MANATEE AVE W UNIT G-1 BRADENTON FL 34209	7449 MANATEE AVE W UNIT G-1 BRADENTON FL 34209

3. Date Incorporated or Qualified: 11/04/1983
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 233 64TH ST.
Suite, Apt. #, etc.
22: HOLMES BEACH
City & State
23: FL.
Zip / Country
24: 34217 25: MANATEE

2a. Mailing Address
26: SAME
Suite, Apt. #, etc.
27:
City & State
28:
Zip / Country
29: 30:

4. FEI Number: 59-2332801 ☐ 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

CRIPE, RUSSELL L
233 64TH ST
HOLMES BCH FL 34217

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: RUSSELL L. CRIPE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD + SD + T. ☒ Change ☐ Addition
NAME	CRIPE, RUSSELL L	12 NAME	RUSSELL L CRIPE
STREET ADDRESS	233 64TH ST	13 STREET ADDRESS	
CITY ST ZIP	HOLMES BEACH, FL 00000	14 CITY ST ZIP	PRESIDENT, SECRETARY + TREASURER
TITLE	SD	21 TITLE	PLEASE DELETE ☒ Change ☐ Addition
NAME	CRIPE, NANCY L.	22 NAME	CRIPE NANCY L.
STREET ADDRESS	233 64 ST	23 STREET ADDRESS	
CITY ST ZIP	HOLMES BCH FL	24 CITY ST ZIP	NO LONGER PART OF CORPORATION
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CRIPE, MARC A.	32 NAME	
STREET ADDRESS	205 B 64 ST	33 STREET ADDRESS	
CITY ST ZIP	HOLMES BEACH FL	34 CITY ST ZIP	
TITLE	AVD	41 TITLE	☐ Change ☐ Addition
NAME	CRIPE, MATTHEW I	42 NAME	
STREET ADDRESS	233 64TH ST	43 STREET ADDRESS	
CITY ST ZIP	HOLMES BEACH FL 34217	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	AS 6/21

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)(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 if changed, or on an attachment with an address.

SIGNATURE: X RUSSELL L. CRIPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0347216 CP