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 APR 28 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J12987 (0)

1. Corporation Name
HOT DOG HEAVEN OF ORLANDO, INC.

Principal Place of Business	Mailing Address*
5355 E. COLONIAL DR ~~C/O MOSES G PENCE P.A.~~ ORLANDO FL 32807 US	~~300 S ORANGE AVE~~ ~~1000~~ ~~ORLANDO FL 32801~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2677089	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 5355 E. COLONIAL DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ORLANDO, FL
Zip 24 / Country 25	Zip 29 32807 / Country 30 US

9. Name and Address of Current Registered Agent

~~C/O~~
~~300 S ORANGE AVE~~
~~1000~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name: MICHAEL H. FELD
82 Street Address (P.O. Box Number is Not Acceptable): 5355 E. COLONIAL DR.
83
84 City: ORLANDO FL 85 Zip Code: 32807

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: Michael H Feld — 4/12/95
Signature (type or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	FELD, MICHAEL H.	12 NAME		
STREET ADDRESS	10204 WILLOWEMAC CT.	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817	14 CITY-ST-ZIP		
TITLE	~~SEC~~	21 TITLE	V.P. - SEC. - DIR.	☑ Change ☐ Addition
NAME	FELD, BETH A.	22 NAME		
STREET ADDRESS	10204 WILLOWEMAC CT.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817	24 CITY-ST-ZIP		
TITLE	~~VD~~	31 TITLE		☑ Change ☐ Addition
NAME	~~SIDLEY, JAMES~~	32 NAME	(DELETE JIM SIDLEY)	
STREET ADDRESS	~~1905 SUMMERWOOD AVENUE~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DIR.	☑ Change ☐ Addition
NAME	BAGLEY, ~~RICHARD~~	42 NAME	CAROL BAGLEY	
STREET ADDRESS	67750 RIDGEWOOD DR.	43 STREET ADDRESS	67750 RIDGEWOOD DR.	
CITY-ST-ZIP	S. HAVEN MI	44 CITY-ST-ZIP	SOUTH HAVEN, MICH. 49090	
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		

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: Michael H Feld pres. MICHAEL H. FELD 4/12/95 (407) 282-5746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0052002 CR