

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J43935 (2)**  
 1. Corporation Name  
**MELONS OF CENTRAL FLORIDA, INC.**



Principal Place of Business <b>512 E SEMORAN BLVD          CASSELBERRY FL 32707          US</b>	Mailing Address <b>285 DOUGLAS AVENUE          ALTAMONTE SPRINGS FL 32714-3333          US</b>
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3. Date Incorporated or Qualified <b>11/20/1986</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>59-2745627</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> <i>Not principal place of business</i>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**OSBURN, ROBERT**  
**512 E. SEMORAN BLVD.**  
**CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent  
**285 Douglas Ave**  
**Altamonte Springs, FL**  
**32714**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBURN, ROBERT	1.2 NAME	
STREET ADDRESS	512 E. SEMORAN BLVD.	1.3 STREET ADDRESS	285 Douglas Ave
CITY - ST - ZIP	CASSELBERRY FL	1.4 CITY - ST - ZIP	Altamonte Springs, FL 32714
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINBERG, I. L	2.2 NAME	
STREET ADDRESS	5001 FOXFIRE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL	2.4 CITY - ST - ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHOSHNOU, FRED	3.2 NAME	
STREET ADDRESS	403 SMOKERISE BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: Robert S. Osburn Date: 407-862-5322  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)