

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J54904 (4)

1. Corporation Name
BRUNCH TIME, INC.

Principal Place of Business 11401 N. 56TH STREET SUITE 22 TEMPEL TERRACE FL 33617	Mailing Address 11401 N. 56TH STREET SUITE 22 TEMPEL TERRACE FL 33617
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2. Principal Place of Business 21 7303 CANAL BLVD.	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL.	City & State 28
Zip 24 33615	Country 25 HILLSBOROUGH
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**QUINONES, VIVIAN M.
11401 N 56TH STREET
#22
TEMPEL TERRACE FL 33617**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/03/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2768042	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. 189.032, Florida Statutes ☒ Yes ☐ No	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD		1.1 TITLE	☐ Change ☐ Addition
NAME QUINONES, VIVIAN M.		1.2 NAME	
STREET ADDRESS 7303 CANAL BLVD.		1.3 STREET ADDRESS	
CITY, ST, ZIP TAMPA FL		1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VIVIAN M. QUINONES

4/10/95 (P.13) REC-756