

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K53244** (5)

1. Corporation Name
CHEWS IT, INC.

Principal Place of Business
**5272 BROOK CT.
ORLANDO FL 32811**

Mailing Address
**5272 BROOK CT.
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1988	3a. Date of Last Report 07/20/1994
4. FEI Number 59-2922778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation is eligible for and registers the limited liability Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	20. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	29. City 30. State
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9. Name and Address of Current Registered Agent

**BRASCHLER, RALPH
5272 BROOK CT.
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City	B5. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.01(2) 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, Sections 607.01(2) Florida Statutes.

SIGNATURE _____ Date of Agent Appointment _____
Signature of Agent (Agent must sign and date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2	
1. TITLE D	1. NAME BRASCHLER, RALPH J.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 5272 BROOK CT	2. STREET ADDRESS	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY, STATE, ZIP ORLANDO FL	3. CITY, STATE, ZIP	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	4. NAME	4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	5. NAME	5. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	6. NAME	6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE	7. NAME	7. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE	8. NAME	8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	9. NAME	9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE	10. NAME	10. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 133.071 and 133.071(1), 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 appointed to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or in an attachment with an address.

SIGNATURE: *Ralph Braschler*
RALPH BRASCHLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
851 9224