SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:13

DOCUMENT # **L60068** **(8)**

1. Corporation Name

OMLETTE SHOP, INC.

Principal Place of Business	Mailing Address
% CARMINE PUGLIESE 2235 E BRONSON HWY KISSIMMEE FL 32741	% CARMINE PUGLIESE 2235 E BRONSON HWY KISSIMMEE FL 32741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1990
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: % Gefrank Pugliese
22: 2235 E Bronson Hwy
Suite, Apt. #, etc.
23: Kissimmee, FL
City & State
24: 34741 Zip
25: USA Country

2a. Mailing Address
26: % Gefrank Pugliese
27: 2235 E Bronson Hwy
Suite, Apt. #, etc.
28: Kissimmee, FL
City & State
29: 34741 Zip
30: USA Country

4. FEI Number: 59-3009514 ☐ 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

PUGLIESE, CARMINE
2235 E BRONSON HWY
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent

81 Name: Gefrank Pugliese
82 Street Address (P.O. Box Number is Not Acceptable): 2235 E Bronson Hwy
83
84 City: Kissimmee FL 85 Zip Code: 34741

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: [signature] DATE: 6-24-95
(Signature of [printed name of] registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PUGLIESE, CARMINE	12 NAME	Pugliese, Gefrank	
STREET ADDRESS	7618 W IRLO BRONSON	13 STREET ADDRESS	2235 E Irlo Bronson	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	ST	21 TITLE	ST	☒ Change ☐ Addition
NAME	PUGLIESE, CARMINE	22 NAME	Pugliese, Gefrank	
STREET ADDRESS	7618 W IRLO BRONSON	23 STREET ADDRESS	2235 E. Irlo Bronson	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		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		

CR2E034 (3/95)

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: [signature] 6-24-95 (407) 847-7049
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160681 FN