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 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M79512** **(3)**

1. Corporation Name
CRICKETS AN EATING & DRINKING PLACE, INC.

Principal Place of Business	Mailing Address
500 E. SEMORAN BLVD., SUITE 40 CASSELBERRY FL 32707	500 E. SEMORAN BLVD., SUITE 40 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/25/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2909864** ☐ 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	10. Name and Address of New Registered Agent
OSBURN, ROBERT **512 E. SEMORAN BLVD** **CASSELBERRY FL 32707**	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 _____ DATE
Signature, typed or 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	D	1.1 TITLE	Delete	☒ Change ☐ Addition
NAME	COX, RORA G.	1.2 NAME	Delete	
STREET ADDRESS	2290 LEE RD	1.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	VPS	☒ Change ☐ Addition
NAME	OSBURN, ROBERT	2.2 NAME		
STREET ADDRESS	512 E. SEMORAN BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	Delete	☒ Change ☐ Addition
NAME	PIACENTI, PETER	3.2 NAME	Delete	
STREET ADDRESS	2745 COACHLIGHT DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	FERN PARK FL	3.4 CITY-ST-ZIP	Delete	
TITLE	ST	4.1 TITLE	Delete	☒ Change ☐ Addition
NAME	COX, JOHN M. III	4.2 NAME	Delete	
STREET ADDRESS	2235 HOFFNER DR.	4.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	P	☐ Change ☒ Addition
NAME		5.2 NAME	Finberg, F. Lee	
STREET ADDRESS		5.3 STREET ADDRESS	5001 Foxfire Ln	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lake Mary, FL	
TITLE		6.1 TITLE	VPT	☐ Change ☒ Addition
NAME		6.2 NAME	Fred Khoshnou	
STREET ADDRESS		6.3 STREET ADDRESS	403 Smokerise Blvd	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Longwood, FL	

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: _____ 4-24-95 260-6181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert S. Osburn

000018 CP