## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P37221 BAR-B-Q STATS INC. Principal Place of Business Mailing Address 1652 EAGLE NEST CIR POST OFFICE BOX 195446 WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32719 3. Date Incorporated or Qualified 3a. Date of Last Report 01/21/1992 04/18/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 22-2877295 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Zin Country 8. This corporation has liability for intangible tax under s 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name GUARINO, ANTHONY J. **B2** Street Address (P.O. Box Number is Not Acceptable) 1652 EAGLE NEST CIRCLE 83 WINTER SPRINGS FL 32708 84 City B5 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 25 TITLE 1 1 TITLE Addition NAME ZUCKER, WILLIAM F. 1.2 NAME CR2E034 178 Longmeadow Drive Los Gatos, CA 95032 STREET ADDRESS 8 WOODED HILL LANE 13 STREET ADDRESS RANDOLPH NJ CITY - \$1 - ZIP 1.4 CHTY-ST-ZIP TITLE DELETE VST 2 1 TITLE Change Addition NAME GUARINO, ANTHONY J. 22 NAME STREET ADDRESS 1652 EAGLE NEST CIRCLE 2.3 STREET ADDRESS WINTER SPRINGS FL CITY - ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3 1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-S1-ZIP 3.4 CITY - \$1 - 2IP TITLE DELETE 4. 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE ☐ Change ☐ Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY ST- ZIP 5.4 DITY-ST-ZIP THILE DELETE 6.1 TITLE ☐ Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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)(k), 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

INTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (407) 366-2075

appears in Block 12 or Block 13 if changed, or on an attachment with an address