

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000038894 (0)**  
1. Corporation Name  
**CENTRAL FLORIDA RESTAURANT SPECIAL EVENTS, INC.**



Principal Place of Business: **167 LOOKOUT PLACE MAITLAND FL 32751**  
Mailing Address: **167 LOOKOUT PLACE MAITLAND FL 32751**

3. Date Incorporated or Qualified: **06/01/1993**  
3a. Date of Last Report: **06/23/1995**  
4. FEI Number: **59-3184924**  
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

2. Principal Place of Business  
21. **375 Douglas Avenue**  
22. **Suite 1002**  
23. **Altamonte Springs, FL**  
24. **32714**  
25. **USA**  
2a. Mailing Address  
26. **P.O. Box 617141**  
27. **—**  
28. **Orlando, FL**  
29. **32861-7141**  
30. **USA**

9. Name and Address of Current Registered Agent  
**A.G.C. CO.  
2300 SUN BANK CENTER  
ORLANDO FL 32802**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JARRETT, DAVID</b>	
STREET ADDRESS	<b>167 LOOKOUT PLACE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SULLIVAN, BILL</b>	
STREET ADDRESS	<b>167 LOOKOUT PLACE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D/V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DIPASQUA, LUCY</b>	
STREET ADDRESS	<b>167 LOOKOUT PLACE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Marty Hunter</b>	
1.3 STREET ADDRESS	<b>7050 Kirkman Road</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>	
2.1 TITLE	<b>President-Elect</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jeff Grayson</b>	
2.3 STREET ADDRESS	<b>375 Douglas Ave., St. 1002</b>	
2.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>	
3.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Alan Findlay</b>	
3.3 STREET ADDRESS	<b>5401 S. Kirkman Rd., #200</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>	
4.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Barbara Singer</b>	
4.3 STREET ADDRESS	<b>7326 W. Colonial Dr., # 326</b>	
4.4 CITY-ST-ZIP	<b>Orlando, FL 32818</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marty P. Hunter** **4/25/96** **(407)351-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)