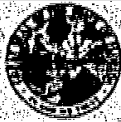


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 11 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057692 (4)**

1. Corporation Name
FRITZ & FUZZY'S, INC.
dba Winner's Drive Thru, Inc.

Principal Place of Business
**2782 WOODSMILL DRIVE
MELBOURNE FL 32934**

Mailing Address
**P.O. BOX 1407
FINLAY OH 43633
US**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified **08/13/1993** 9a. Date of Last Report **03/31/1994**

4. FEI Number **58-2077952** 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

2. Principal Place of Business
21 **1010 Highway A-1-A** 2a. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State **Satellite Beach, FL** 27 City & State

23 **32931** 25 **Brevard** 29 **32931** 30 **FL**

9. Name and Address of Current Registered Agent
**KRASNY, MIKE
780 S APOLLO BLVD
MELBOURNE FL 32902-0428**

10. Name and Address of New Registered Agent

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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------|
| TITLE | DP |
| NAME | KRONBERG, JOHN |
| STREET ADDRESS | 2096 MACADAMIA STREET |
| CITY - ST - ZIP | ST JAMES CITY FL 33956 |
| TITLE | DVP |
| NAME | KRONBERG, PEGGY |
| STREET ADDRESS | 2096 MACADAMIA STREET |
| CITY - ST - ZIP | ST JAMES CITY FL 33956 |
| TITLE | DST |
| NAME | CURTIS S. SHEPHERD |
| STREET ADDRESS | 2702 WOODSMILL DRIVE |
| CITY - ST - ZIP | MELBOURNE FL 32904 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 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 110.07(3)(f), 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 no address.

SIGNATURE: *X [Signature]* **7-2-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)