

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 # **P93000075146 (9)**

1. Corporation Name

THE BREAKFAST FOUNTAIN INC.



Principal Place of Business

Mailing Address

10093 S. HWY 441
BELLEVIEW FL 34420

P.O. BOX 3069
BELLEVIEW FL 34421-3069

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

02/10/1995

4. FEI Number

59-3207695

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

CAMPIGLIA, MICHAEL F
3999 SE 115TH STREET
BELLEVIEW FL 34420

10. Name and Address of New Registered Agent

81 Name **CAMPIGLIA, MICHAEL F**
82 Street Address (P.O. Box Number is Not Acceptable) **5505 SE 113 ST**
83
84 City **Belleview** FL 85 Zip Code **34420**

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) (Pres)

2-6-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAMPIGLIA, MICHAEL	
STREET ADDRESS	3999 SE 115 STR	
CITY - ST - ZIP	BELLEVIEW FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAMPIGLIA, FRED	
STREET ADDRESS	11616 SE 55 AVE RD	
CITY - ST - ZIP	BELLEVIEW FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAMPIGLIA, PERNETTE	
STREET ADDRESS	11616 SE 55 AVE RD	
CITY - ST - ZIP	BELLEVIEW FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOORE, LELAND	
STREET ADDRESS	PO BOX 3069 NA	
CITY - ST - ZIP	BELLEVIEW FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P CAMPIGLIA MICHAEL F	Address only
1.3 STREET ADDRESS	5505 SE 113 ST	
1.4 CITY - ST - ZIP	Belleview, Fla. 34420	
2.1 TITLE		
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 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:

(Signature) MICHAEL F. CAMPIGLIA (Pres)

Date

Daytime Phone #

CR2E034 (12/95)