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 # **P93000082013 (2)**

1. Corporation Name

BIG FOOD EATERS, INC.

Principal Place of Business	Mailing Address
7380 SAND LAKE RD. SUITE 600 ORLANDO FL 32819 US	7380 SAND LAKE RD. SUITE 600 ORLANDO FL 32819 US

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **12/01/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3216433** ☐ 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

MARSHALL, BYRD F JR.
201 EAST PINE ST.
SUITE 1200
ORLANDO FL 32801

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 617.1502, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCE	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	EARL, ROBERT I		2 NAME	
STREET ADDRESS	7830 SAND LAKE RD., SUITE 650		3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	BARISH, KEITH		2 NAME	
STREET ADDRESS	140 WEST 57 ST., 13TH FLOOR		2 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019		2 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, DAVID J.		3 NAME	
STREET ADDRESS	7380 SAND LAKE ROAD, #650		3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3 CITY-ST-ZIP	
TITLE	VPAT	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	AVALLONE, THOMAS		4 NAME	
STREET ADDRESS	7380 SAND LAKE RD, #650		4 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SCOTT E.		5 NAME	
STREET ADDRESS	7380 SAND LAKE RD, #650		5 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and current; and I do not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added above or on an attachment with an address.

SIGNATURE: Scott E. Johnson, Assistant Secretary 01/31/96 407-345-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #