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 # **P94000003023 (6)**

1. Corporation Name

BIG FOOD EATERS (ELDON), INC.

Principal Place of Business

7380 SAND LAKE ROAD
SUITE 600
ORLANDO FL 32819

Mailing Address

7380 SAND LAKE ROAD
SUITE 600
ORLANDO FL 32819

3. Date Incorporated or Qualified: 01/12/1994

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

4. FEI Number: 59-3230022 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$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: [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MARSHALL, BYRD F JR.
201 E. PINE STREET
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 607.0505 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 of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	DPCE	[ ] DELETE
NAME	EARL, ROBERT I	
STREET ADDRESS	7830 SAND LAKE ROAD, SUITE 650	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	[ ] DELETE
NAME	BARISH, KEITH	
STREET ADDRESS	140 WEST 57TH STREET, 13TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	ST	[ ] DELETE
NAME	ROSENBERG, DAVID J.	
STREET ADDRESS	7380 SAND LAKE RD, #650	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPAT	[ ] DELETE
NAME	AVALLONE, THOMAS	
STREET ADDRESS	7380 SAND LAKE RD, #650	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	[ ] DELETE
NAME	JOHNSON, SCOTT E.	
STREET ADDRESS	7380 SAND LAKE RD, #650	
CITY-ST-ZIP	ORLANDO FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied within 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 a 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: Scott E. Johnson, Assistant Secretary 01/3/ /96 407-345-5300

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

CR2E034 (12/95)