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 # **P94000008434 (0)**

1. Corporation Name

BIG FOOD EATERS (INTERNATIONAL DRIVE), INC.

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

3. Date Incorporated or Qualified: **02/02/1994**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3230025** ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: **XX** — **$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	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 — Country: 25	Zip: 29 — Country: 30

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 607.0505 and 617.1505, 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	DPCE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EARL, ROBERT I		1.2 NAME	
STREET ADDRESS	7830 SAND LAKE RD., STE. 650		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARISH, KEITH		2.2 NAME	
STREET ADDRESS	140 WEST 57 ST., 13TH FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, DAVID J.		3.2 NAME	
STREET ADDRESS	7380 SAND LAKE RD, #650		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		3.4 CITY-ST-ZIP	
TITLE	VPAT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AVALLONE, THOMAS		4.2 NAME	
STREET ADDRESS	7380 SNAD LAKE RD, #650		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SCOTT E.		5.2 NAME	
STREET ADDRESS	7380 SAND LAKE RD, #650		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(i), 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 on Block 12 or Block 13 if changed, or added, or on an attachment with an address.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #

CR2E034 (12/95)