

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

APPROVED AND FILED

05 MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtha
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P94000041779 (7)**

COUCH POTATOZ INC.

Principal Office Address: **7760 NW 78TH AVE. 215 TAMARAC FL 33321**
 Mailing Address: **7760 NW 78TH AVE. 215 TAMARAC FL 33321**

DATE OF WRIT IN THIS SPACE

3. Date incorporated or organized 05/31/1994	3a. Date of last report
4. FTY Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.05, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Office Address	2a. Mailing Address
22. City, State	27. City, State
23. City, State	28. City, State
24. City, State	29. City, State
25. City, State	30. City, State

9. Name and Address of Current Registered Agent
ROBINSON, GLEN R
7760 NW 78TH AVE, 215
TAMARAC FL 33321

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

11. The undersigned, being a member of Eschborn's (1992) and (1993) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and 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 not a director and accept the obligations of Section 607.0605, Florida Statutes.
 SIGNATURE: **GLEN R. ROBINSON** 5/10/95

12. OFFICERS AND DIRECTORS

NAME	D	MCCORKLE, MICHAEL G
STREET ADDRESS		1295 NE 144TH ST
CITY, STATE		N MIAMI FL 33161
NAME	D	GREENLAND, YVETTE A
STREET ADDRESS		2580 NW 94TH WAY
CITY, STATE		SUNRISE FL 33322
NAME	D	GLASSE, SUZANNE
STREET ADDRESS		7917 ALHAMBRA BLVD
CITY, STATE		MIRAMAR FL 33023
NAME	D	ROBINSON, DENISE L
STREET ADDRESS		7760 NW 78TH AVE
CITY, STATE		TAMARAC FL 33321
NAME	D	ROBINSON, GLEN R
STREET ADDRESS		7760 NW 78TH AVE
CITY, STATE		TAMARAC FL 33321

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

NAME	P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY, STATE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY, STATE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D/S		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY, STATE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M/T		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY, STATE			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.05, Florida Statutes. I further certify that the information is true and correct as of the date of filing and that my signature shall be in the same legal effect as if made under oath. I am not an officer or director of this corporation and the inclusion of my name does not constitute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes to or as an addition with an address.

SIGNATURE: **MICHAEL G. MCCORKLE** *Michael McCorkle* 5/10/95 (407) 726-4330
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR