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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sendra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P94000043491 (7)

RICK'S ROOTER, INC.

				•						
Principa' Place	of Business	Mailing Add	ress				I INDIINOS IIO IDEIL OIDEI DEILE	OBIN DBIN BOIN ON		010 1910: 1101 1001
7512 DR. PHILLIPS BOULEVARD 7512 DR. PHILLIPS BOU)					
SUITE 50-30	95	SUITE S	SUITE 50-305							
ORLANDO F	FL 32819	ORLAND	O FL 32819				3. Date Incorporated or Qualified			
							06/06/1994	0	6/19/1	995
2. Principal Pla	ce of Business	2a. Mailing /	Address				4. FEI Number			Applied For
21		26					59-3251761		\Box	Not Applicable
Suite, Apt. #	, etc.	Suite, Ap	ot. #, enc.				5. Certificate of Status Desired		•	Additional
22		27							Fee	Required
City & State		City & S	tate				6. Election Campaign Financing	E3		May Be
23		28					Trust Fund Contribution			d to Fees
Zip Country		h	├-¬ '		Country		8. This corporation has liability for	or intangible tax les [] No	under s	199.032,
24 25				30			Florida Statutes			
	9. Name and Address of Curi	ent Registered Ag	ent		81	Name	10. Haite and Address of New	riogistored A	John	
HOPE-GILL, KAREN E					82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
	MASTERS BOULEVARD				83					
ORLAN	IDO FL 32819				8					
					84	City		FL	85 Z	p Code
									oina ita	rapiatorad office
or registers	ed agent, or both, in the State of Fl	orida. Such change:	was authorize	ea by the c	corpo	pration's boar	ration submits this statement for the production of directors. I hereby accept the a	ppointment as re	gistere	dagent. Lam
familiar witl	h, and accept the obligations of, S	ection 607,0505, Flo	rida Statutes.					_		
SIGNATURE	(Karles D' Hi	ne sull					d when reinstating)	april	20/	ł.b
	Signalitie, typed or printed name of registered at	AND DIRECTORS	(NO	13.	Agen	i signature requirat	ADDITIONS/CHANGES TO C	FEICERS AND I	DIRECTO	ORS IN 12
12. TITLE	PD) DELETE	1.11	ITLE		ASE MONO OF WAREST TO S		Change	Addition
NAME	HOPE-GILL, KAREN E	L.	,	12 N						
STREET ADDRESS	6068 MASTERS BOULEV	ADD				ADDRESS				
	ORLANDO FL 32819	AIID				IT-ZIP				
CITY - S1 - ZIP	VPD		DELET:	2 17					Change	Addition
NAME	LONG, RICKY L	L	,	22 N				-		
	2727 WEST OAKRIDGE I	DOAD 45.1				ADDRESS				
STREET ADDRESS		TOAD, #3-1				ST-ZIP				
CITY-ST-ZIP TITLE	ORLANDO FL 32809		DELETE	3 1 1		1-211			Change	Addition
NAME	SD Hope-Gill, Charles D		June	32 N				_	-	_
STREET ADDRESS	6068 MASTERS BOULEV					T ADDRESS				
	ORLANDO FL 32819	VUD				ST-ZIP				
CITY - ST - ZIP	ONDANDO IL 32019	Г] DELETE	4.11					Change	☐ Addition
NAME		_		4.2 N	AME					
STREET ADDRESS						T ADDRESS				
						ST-ZIP				
CITY-ST-ZIP TIFLE			DELETE	5.17					Change	☐ Addition
NAME		_		5.2 N		1				
STREET ADDRESS						F ADDRESS				
						ST-ZIP				
CITY-ST-ZIP TITLE		Г	DELETE	6.11] Change	Addition
NAME		_	-	6.2 N				_		
				1		T ADDRESS				
STREET ADDRESS						CT 79D				

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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

april 20/96 (407) 876-298)

72E034 (12/95)