

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Shirley B. Workman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059606 (1)**

The Corporation Name

**SUPER BOWL SUNDAES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3771 PREAKNESS PLACE, #1312 PALM HARBOR FL 34684</b>	Mailing Address <b>3771 PREAKNESS PLACE, #1312 PALM HARBOR FL 34684</b>
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3. Date Incorporated or Qualified <b>08/12/1994</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.033, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State
24 City	25 Country
29 City	30 COUNTRY

**9. Name and Address of Current Registered Agent**

**MOUSTOPOULOS, DEMETRIOS  
3771 PREAKNESS PLACE, #1312  
PALM HARBOR FL 34684**

**10. Name and Address of New Registered Agent**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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

SIGNATURE: *Demetrios Moustopoulos* 4/27/95

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>
NAME	<b>MOUSTOPOULOS, DEMETRIOS</b>
STREET ADDRESS	<b>3771 PREAKNESS PLACE, #1312</b>
CITY, ST, ZIP	<b>PALM HARBOR FL 34684</b>
TITLE	<b>DST</b>
NAME	<b>MOUSTOPOULOS, ANNA</b>
STREET ADDRESS	<b>3771 PREAKNESS PLACE, #1312</b>
CITY, ST, ZIP	<b>PALM HARBOR FL 34684</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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, changed, or on an attachment with an address.

SIGNATURE: *Demetrios Moustopoulos* Pres. 4/27/95 (813) 285-5176  
Demetrios Moustopoulos, Pres.