

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000088826 (0)

1. Corporation Name
BRIAN'S SNAK ATTACK, INC.

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 210 SKYWOOD DRIVE VALRICO FL 33594
Mailing Address: 210 SKYWOOD DRIVE VALRICO FL 33594

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report: NONE

2. Principal Place of Business: 21 Suite, Apt. #, etc. City & State: VALRICO, FL Zip: 33594
2a. Mailing Address: 26 P.O. Box 1674 Suite, Apt. #, etc. City & State: VALRICO, FL Zip: 33594 Country: USA

4. FEI Number: 59-3282998 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability (intangible) tax under s. 100.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: PARKE, BRIAN J 210 SKYWOOD DRIVE VALRICO FL 33594

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

11. Pursuant to the provisions of Sections 607.0502 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: Brian J. Parke (Director) DATE: 7-10-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKE, BRIAN J
STREET ADDRESS	210 SKYWOOD DRIVE
CITY, ST, ZIP	VALRICO FL 33594
TITLE	D
NAME	PARKE, KIMBERLY L
STREET ADDRESS	210 SKYWOOD DRIVE
CITY, ST, ZIP	VALRICO FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(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 if changed, or on an attachment with an address.

SIGNATURE: Brian J. Parke DATE: 7-10-95 (813) 654-8363
BRIAN J. PARKE

CR2E034 (3/95)