

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

1997 SEP 15 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000088826 (0)

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

Principal Place of Business 210 SKYWOOD DRIVE VALRICO FL 33594	Mailing Address P. O. BOX 1674 VALRICO FL 33594 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
23 Country	28 Country
24	29
25	30

3. Date Incorporated or Qualified 12/06/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3282998	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
84 City
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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKE, BRIAN J	
STREET ADDRESS	210 SKYWOOD DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKE, KIMBERLY L	
STREET ADDRESS	210 SKYWOOD DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	200002295922-3
4.4 CITY-ST-ZIP	-09/17/97--01094--007
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	****165.00 ****165.00
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CR2E034 (4/97)

Handwritten signature/initials

(2)

DEAR SIRS,

PLEASE ACCEPT my check for \$165.00 for the CORPORATION ANNUAL REPORT. TO MY KNOWLEDGE WE NEVER RECIEVED THE 1ST NOTICE. WHEN WE GOT THIS 2ND NOTICE I IMMEDIARTLY WENT TO MY ACCOUNTANT TO SEE WHAT THE PROBLEM WAS. HE INFORMED ME THAT HE DID NOT GET THE 1ST NOTICE AT HIS OFFICE AND IT WAS NOT IN MY FILE. THIS IS A VERY SMALL CORPORATION WITH MYSELF BEING THE ONLY EMPLOYEE. MY WIFE OR MYSELF ARE THE ONLY ONES RESPONSIBLE FOR PICKING UP MAIL THEREFORE I DON'T BELIEVE IT WAS MISPLACED ON OUR BEHALF. I HAVE A GOOD REPUTATION FOR PAYING ALL MY BILLS ON TIME AND REGRET THIS ONE BEING DELINQUENT. PLEASE ACCEPT MY APOLOGY AND LET ME KNOW IF ANY FURTHER ACTION IS REQUIRED ON MY PART.

SINCERELY,

Brian J. Pate

Physical Address	Mailing Address
210 Skywood Dr. Valrico, FL. 33595	P.O. Box 1674 Valrico, FL. 33595