

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY 31 AM 9:39

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
000001484240
-05/11/95 -01083 --005
****608.75 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000091564 (2)

1. Corporation Name:

PR'S TACO PALACE INC.

Principal Place of Business:

**499 W FAIRBANKS AVE
WINTER PARK FL 32789**

Mailing Address:

**499 W FAIRBANKS AVE
WINTER PARK FL 32789**

3. Date Incorporated or Qualified: **12/20/1994** 3a. Date of Last Report

4. FEI Number: **59-3300376** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**INMAN, PERRY
158 STILL WATER DRIVE
OVIEDO FL 32765**

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

11. Pursuant to the provisions of Sections 607.0902 and 607.1509, 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]* DATE: **05/16/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE OF OFFICERS AND DIRECTORS	
TITLE: D	NAME: INMAN, PERRY	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 158 STILL WATER DRIVE	CITY, ST, ZIP: OVIEDO FL 32765	2. NAME	
TITLE: D	NAME: INMAN, JONI	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 158 STILL WATER DRIVE	CITY, ST, ZIP: OVIEDO FL 32765	4. CITY, ST, ZIP	
TITLE:	NAME:	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	6. NAME	
TITLE:	NAME:	7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	8. CITY, ST, ZIP	
TITLE:	NAME:	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	10. NAME	
TITLE:	NAME:	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	12. CITY, ST, ZIP	
TITLE:	NAME:	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	14. NAME	
TITLE:	NAME:	15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	16. CITY, ST, ZIP	
TITLE:	NAME:	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	18. NAME	
TITLE:	NAME:	19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **05/16/95** 107-645-2225