SECOND NOTICE: CORPORATION WILL BE DISSCILVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	770
DOCUMENT #  1. Corporation Name	P94000091664 (0)
FRIENDLY BOB'S, I	NC.



rincipal Place o	1 60311633	Mailing Address						
BRANDI'S REST/ 655 E. HOFFNEF ORLANDO FL 32	1 AVE	2791 MUSCATELLO ST. ORLANDO FL 32837			Date Incorporated or Qualified	3a. Date	of Last Re	port
US					12/16/1994	08/1	0/1995	
N Directed Oles	e of Dunings	2a. Mailing Address			4. FEI Number	<del></del>		plied For
2. Principal Plac	Alle RACT.	26		,	59-3302431			l Applicable
Suite, Apt #.	S. BRALLE AVE	Suite Apt. #, etc	- <b>-</b> ,		5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	di's Resti S. BRANGEAVE Ndo i Floridu	City & State	, ,		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	o Fees
3 <b>2</b> 8	09 25 ORANGE	L, 21P	Country 30	/ 	8. This corporation has liability for in Florida Statutes	Yes	No	199 032,
<u> </u>	9. Name and Address of Currer			,	10. Name and Address of New Reg	gistered Ag	ent	
4470	WELL BORRY C	<del></del>	81	Name				
2791	HELL, BOBBY G MUSCATELLO ST. NDO FL 32837		82	]	dress (P.O. Box Number is Not Acceptab	ie)		
) UNL	NIDO EL 32031		83					
Į			84		poration submits this statement for the pution's heard of directors. Thereby accept	FL	<b>85</b> Zip (	
CICALATUDE								
Si	Ignative hypodior printed name of registered ag			ent signature reg	Hered when reinstang)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND I	DIRECTOR	S IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	ent signature reg	etrod when reinstang) ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	S IN 12
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.9 07(3)(k). Florida Statules 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 offect as if made under oath, that I am an officer or director of the corporation or like receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: