

SECOND NOTICE: CORPORATION WILL BE DISSOLVED 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

DOCUMENT # P95000018700 (1)

1. Corporation Name

TIJUANA FLATS BURRITO COMAPNY



Principal Place of Business

Mailing Address

1658 MAJESTIC OAK DR.  
APOPKA FL 32712

1658 MAJESTIC OAK DR.  
APOPKA FL 32712

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Brian Wheeler

26 Brian Wheeler

4. FEI Number

59-3300451

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 70 Battler Street

27 70 Battler Street

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

City & State

City & State

23 Orlando Florida

28 Orlando Florida

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32828

25

29 32828

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEELER, BRIAN J  
1658 MAJESTIC OAK DR.  
APOPKA FL 32712

81 Name

Wheeler, Brian J

82 Street Address (P.O. Box Number is Not Acceptable)

70 Battler Street

83 Orlando

84 City Florida

FL

85 Zip Code 32828

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME WHEELER, BRIAN J  
STREET ADDRESS 1658 MAJESTIC OAK DR.  
CITY-ST-ZIP APOPKA FL 32712

13. ☒ Change ☐ Addition

11 TITLE Wheeler, Brian J  
12 NAME  
13 STREET ADDRESS 70 Battler Street  
14 CITY-ST-ZIP Orlando, FL 32828

TITLE ☐ DELETE

NAME WHEELER, CHESTER F  
STREET ADDRESS 1658 MAJESTIC OAK DR.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME WHEELER, JANICE M  
STREET ADDRESS 1658 MAJESTIC OAK DR.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME FLORES, SCOTT  
STREET ADDRESS 1658 MAJESTIC OAK DR.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/96

407-384-2554

50

Daytime Phone #

CR2E034 (3/96)