

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000069930 (2)

1. Corporation Name

TOWNE CENTER DELIGHTS, INC.

Principal Place of Business

35 WEST PINE STREET
SUITE 218
ORLANDO FL 32801

Mailing Address

35 WEST PINE STREET
SUITE 218
ORLANDO FL 32801



3. Date Incorporated or Qualified

09/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Seminole Towne (tr. Mall)

26 Suite, Apt. #, etc.

22 3500 Pine Center Circle

27 City & State

23 Sanford FL

28 Zip

24 32771

25 Country

25 Seminole

29 Zip

29

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FASOLAS, PAUL
35 WEST PINE STREET
SUITE 218
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, type, or print the name of the registered agent or the agent in lieu of

NAME, type, or print the name of the person authorized to sign for the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	FASOLAS, MARGARET	
STREET ADDRESS	% 35 W. PINE STREET, SUITE 218	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	SD	☐ DELETE
NAME	FASOLAS, PAUL	
STREET ADDRESS	35 WEST PINE STREET, SUITE 218	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

8000001849588
-06/04/96-01092-014
***200.00

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 registered or trusted 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:

Margaret F. Fasolas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
Date

4/30/96
Date

CR2E034 (12/95)