## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 POCUMENT # P96000076806 (4)

## HOT DOG EXPRESS UNLIMITED, INC.

RAYMER, GAYLE L

ORLANDO FL 32837

11616 DARLINGTON DRIVE

Principal Place of Business Mailing Address 11618 DARLINGTON DRIVE 11616 DARLINGTON DRIVE ORLANDO FL 32837 ORLANDO FL 32837-7700 3. Date Incorporated or Qualified 3a. Date of Last Report 13 96 09/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution  $\Box$ 28 Added to Fees Zic Country Country Zφ 8. This corporation has liability for intangible tax under s. 199,032, Yes Who 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** GIRNUN, MORRIS A hym ER 11616 DARLINGTON DRIVE 82 Street Address (P.O. Box Nurr DRIVE ORLANDO FL 32837 16 83 ORLANDO 64 stons of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered gent, 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 with, and appeal thy obligations of, Section 607.0505, Florida Statutes. office or registere agent. I am famili SIGNAT (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DINECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.

1.1 TITLE

1.2 NAME

2.1 TITLE

2.2 NAME

3.1 TITLE 3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE 52 NAME

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET AODRESS 4.4 City-St-ZiP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

2. 4 CITY-ST-ZIP

1.4 CITY - ST - ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST- 2IF 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)(i). 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 cognoration 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 manged, or on an attrictingent with an address.

SIGNATURE:

appears in Block 12 or Block 13

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-2IP

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

Change

Change

Change

Addition

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Addition

Addition

Addition

**FILED** 

Feb 03 1997 8:00am

Secretary of State