05071999-90118-022-$150.00-$150.00

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90118 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000070802

1. Corporation Name
CRISPERS OF WINTER PARK, INC.

Principal Place of Business	Mailing Address
100 E. MAIN ST. LAKELAND FL 33801	100 E. MAIN ST. LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3615 S.Florida Ave. Suite, Apt. #, etc. 22 Suite 1350 City & State 23 Lakeland, FL Zip 24 33803 Country 25 US	2a. Mailing Address 26 3615 S. Florida Ave. Suite, Apt. #, etc. 27 Suite 1350 City & State 28 Lakeland, FL Zip 29 33803 Country 30 US

3. Date Incorporated or Qualified: 08/10/1998

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certifcate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MUNSON, PETER J 100 E. MAIN ST. LAKELAND FL 33801	81 Name: William J. Whitaker 82 Street Address (P.O. Box Number is Not Acceptable): 3615 S. Florida Ave.Suite 1350 83 84 City: Lakeland FL 85 Zip Code: 33803

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 607.0508, Florida Statutes.

SIGNATURE: William J Whitaker William J Whitaker, pres DATE: 4/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITAKER, WILLIAM H 3615 S. FLORIDA AVE., SUITE 1350 LAKELAND FL 33803	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNSON, PETER J 100 E. MAIN ST. LAKELAND FL 33801	[X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Vanessa L. Whitaker 3615 S. Florida Ave., Suite 1350 Lakeland, FL 33803	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Warren Shatzer 3615 S. Florida Ave., Suite 1350 Lakeland, FL 33803	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (11/98)

14. I 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 corporation 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J Whitaker 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #