

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32304-0001
TELEPHONE: 904-412-2000

DOCUMENT #

S 77377

VELVET TOMATO, INC.

FILED

95 MAR 23 PM 1:42

SECRETARY OF STATE
FLORIDA

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-03/24/95--01104--018
****200.00 ****200.00
(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation (or Qualification)	3a. Date of Last Report
21. 1800 8801 Exchange Dr	26. 8801 Exchange Dr	03/01/77			
22. Suite, Apt. # etc.		27. Suite, Apt. # etc.		4. FEI Number	Applied For ☐ Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
25. Country		30. Country		8. This corporation has liability for intangible tax under S. 199 (1)(2) Florida Statutes	☒ Yes ☐ No
USA		USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	Wanda S. Evans
82. Street Address (P.O. Box Number is Not Applicable)	8801 Exchange Dr.
83. City	Orlando
84. State	FL
85. Zip Code	32809

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 SEE ATTACHED STATEMENT

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	D/P
NAME		12. NAME	John R. Alpers
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		14. CITY, ST, ZIP	
TITLE		21. TITLE	S/P
NAME		22. NAME	Wanda S. Evans
STREET ADDRESS		23. STREET ADDRESS	8801 Exchange Dr.
CITY, ST, ZIP		24. CITY, ST, ZIP	Orlando, FL 32809
TITLE		31. TITLE	Asst. Sec.
NAME		32. NAME	Bernadette M. Kruk
STREET ADDRESS		33. STREET ADDRESS	15303 Dallas Parkway, #1250
CITY, ST, ZIP		34. CITY, ST, ZIP	Dallas, TX 75248
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shows and qualifies for the corporation's status as a Florida corporation. 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 it were made under oath. That I am an officer or director of the corporation or the person or persons designated for execution of this report are required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: Bernadette M. Kruk Bernadette M. Kruk
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3/14/95

214-387-2384