

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V15579 (8)
 1. Corporation Name
FAST FOODS OF OSCEOLA, INC.

Principal Place of Business 5780 W. IRLO BRONSON MEM HWY KISSIMMEE FL 34746 US	Mailing Address 7621 W. IRLO BRONSON MEM. HWY. KISSIMMEE FL 34747-1727
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/18/1992	4. FEI Number 59-3111232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent OWEN, PHILLIP C. 4951 LAKE CECIL DR. KISSIMMEE FL 34746				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
---	--	--	--	--	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWEN, PHILLIP C.			1.2 NAME	Owen, Phillip C.		
STREET ADDRESS	4951 LAKE CECILE DR			1.3 STREET ADDRESS	1509 Sunset Pointe Pl.		
CITY-ST-ZIP	KISSIMMEE FL			1.4 CITY-ST-ZIP	Kissimmee, FL		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWEN, MARIAN			2.2 NAME	Owen, MARIAN		
STREET ADDRESS	4951 LAKE CECILE DR			2.3 STREET ADDRESS	1509 Sunset Pointe Pl.		
CITY-ST-ZIP	KISSIMMEE FL			2.4 CITY-ST-ZIP	Kissimmee, FL		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWEN, AMY			3.2 NAME	Scheid, Amy		
STREET ADDRESS	4951 LAKE CECILE DR.			3.3 STREET ADDRESS	14 minnie HAWA CR.		
CITY-ST-ZIP	KISSIMMEE FL 34746			3.4 CITY-ST-ZIP	ma. Hand, FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Amy R. Scheid* Amy R. Scheid 4/27/98 402391 2085

CR2E034 (10/97)