

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:36

DOCUMENT # **P94000049464 (8)**

1. Corporation Name

**STEVE'S CAFE AMERICAIN, INC.**

Principal Place of Business

8436 NW 4TH PL  
GAINESVILLE FL 32607

Mailing Address

8436 NW 4TH PL  
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1984

3a. Date of Last Report

N/A

4. FEI Number

59-3253676

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21 12 West University Avenue

2a. Mailing Address

26 State, Apt. #, etc

City & State

23 Gainesville, Florida

City & State

28

Zip

24 32601

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN I  
8436 NW 4TH PL  
GAINESVILLE FL 32607

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

(Signature of Agent, if registered agent and the filer)

(Signature of Agent, if registered agent and filer)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Stephen I. Williams	
13 STREET ADDRESS	8436 N.W. 4th Place	
14 CITY, ST, ZIP	Gainesville, FL 32607	
21 TITLE	V/T/S/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Winton E. Williams	
23 STREET ADDRESS	8436 N.W. 4th Place	
24 CITY, ST, ZIP	Gainesville, FL 32607	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the filer, certify that the information supplied with this filing is substantially true and correct and that the information is true and correct and that my signature shall have the same legal effect as if made to make such that I am an officer or director of this corporation or the person 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 of this report or on an attachment with an address.

SIGNATURE: *Stephen I. Williams* Stephen I. Williams

1/11/95

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