

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90005 020 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000032474

1. Corporation Name
 RALPH'S PLACE OF CAPE CORAL, INC.



Principal Place of Business
 RALPH'S PLACE
 1305 CAPE CORAL PKWY
 CAPE CORAL FL 33904
 US

Mailing Address
 1305 CAPE CORAL PKWY
 CAPE CORAL FL 33904
 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
 04/25/1995

4. FEI Number
 65-0574558

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 owes the current year Intangible Personal Property. Yes No

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

9. Name and Address of Current Registered Agent

PODLESKI, CRAIG
 4925 YORK ST
 CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
 MICHAEL + JOAN STEVENS

82 Street Address (P.O. Box Number is Not Acceptable)

83 1710 SE 15th TERRACE

84 City
 CAPE CORAL FL 85 Zip Code
 33990

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 *Joan Stevens - P Michael E. Stevens - VP* 8/18/99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | PODLESKI, CRAIG | |
| STREET ADDRESS | 4925 YORK ST | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | P, S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JOAN STEVENS | |
| 1.3 STREET ADDRESS | 1710 SE 15th TERRACE | |
| 1.4 CITY-ST-ZIP | CAPE CORAL, FL 33990 | |
| 2.1 TITLE | VP, T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MICHAEL E. STEVENS | |
| 2.3 STREET ADDRESS | 1710 SE 15th TERRACE | |
| 2.4 CITY-ST-ZIP | CAPE CORAL, FL 33990 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: *Michael E. Stevens* 8/18/99 941-5492040

CR2E034 (5/99)