

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

CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000079844 1. Corporation Name HOLIDAY CAFE, INC.			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	3a. Date of Last Report
21 P.O. BOX 7358		10/16/95	
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		59-3339724	Not Applicable
2. Principal Place of Business		2a. Mailing Address	4. FEI Number
21 P.O. BOX 7358		26 P.O. BOX 7358	59-3339724
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Applied For
22		27	Not Applicable
City & State		City & State	5. Certificate of Status Desired
23 WESLEY CHAPEL, FL		28 WESLEY CHAPEL, FL	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country		Zip Country	6. Election Campaign Financing
24 33543 25		29 33543 30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERNARD WINKLER 25533 OAKS BOULEVARD LAND O'LAKES, FL 34639		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	
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	BERNARD WINKLER, PRES	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25533 OAKS BOULEVARD	12 NAME	
STREET ADDRESS	LAND O'LAKES, FL 34639	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	BERNARD WINKLER, TREAS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25533 OAKS BOULEVARD	22 NAME	
STREET ADDRESS	LAND O'LAKES, FL 34639	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	300001847052
CITY - ST - ZIP		54 CITY - ST - ZIP	-06/03/96--01017--027
TITLE		61 TITLE	***200.00
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 does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

cc 5/1/96