

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90229 002 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P95000079844**

1. Corporation Name  
**HOLIDAY CAFE, INC.**



Principal Place of Business: P.O. BOX 7358 WESLEY CHAPEL FL 33543  
 Mailing Address: P.O. BOX 7358 WESLEY CHAPEL FL 33543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/16/1995**

2. Principal Place of Business  
 21 **6229 TOWER RD**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **LAND O' LAKES**  
 Zip Country  
 24 **34639** 25  
 2a. Mailing Address  
 26 **PO BOX 1439**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **LAND O LAKES PASCO**  
 Zip Country  
 29 **34639** 30

4. FEI Number  
**59-3339724**  
 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINKLER, BERNARD**  
**25533 OAKS BLVD.**  
**LAND O LAKES FL 34639**

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINKLER, BERNARD</b>	1.2 NAME	
STREET ADDRESS	<b>25533 OAKS BOULEVARD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAND O'LAKES FL 34639</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES O'BRIEN</b>	2.2 NAME	
STREET ADDRESS	<b>6909 QUAIL HOLLOW BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAND O'LAKES FL 33543</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNN WINKLER</b>	3.2 NAME	
STREET ADDRESS	<b>25533 OAKS BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Lynn Winkler **LYNN WINKLER** 1/30/99 8139290909  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)