

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

102

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 AUG 26 PM 2:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 501237 (2)

1. Corporation Name
CASA BONITA RESTAURANT, INC.



Principal Place of Business 25999 HICKORY BLVD. STE. 210 BONITA SPRINGS FL 33923	Mailing Address 25999 HICKORY BLVD. STE. 210 BONITA SPRINGS FL 33923 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20610 Candlewood Hollow Suite, Apt. #, etc. Road	2a. Mailing Address 26 20610 Candlewood Hollow RD
22 City & State 23 Estero, FL 33928	27 City & State 28 Estero, FL 33928
24 Zip 33928 Country US	29 Zip 33928 Country US

3. Date Incorporated or Qualified 04/14/1976	3a. Date of Last Report 03/19/1996
4. FEI Number 59-1699932	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EMMA M. MCCULLY
 26235 HICKORY BLVD.
 BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 200002279082--6
 -08/27/97--01111--019
 84 City ***165.00 FL ***165.00

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	MAJOR JR, WILLIAM J.	<input checked="" type="checkbox"/> DELETE
NAME	25900 HICKORY BLVD. #301	
STREET ADDRESS	BONITA SPRINGS FL 33923	
CITY-ST-ZIP		
TITLE PSTD	MCCULLY, EMMA M.	<input type="checkbox"/> DELETE
NAME	26235 HICKORY BLVD. #4C	
STREET ADDRESS	BONITA SPRINGS FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME McCully Emma M.	
2.3 STREET ADDRESS 20610 Candlewood Hollow Road	
2.4 CITY-ST-ZIP Estero, FL 33928	
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 do 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 _____ DATE 8/21/97

CR2E034 (4/97)

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Casa Bonita Restaurant, Inc.
20610 Candlewood Hollow Road
Estero, FL 33928
(941) 992-0692

August 18, 1997

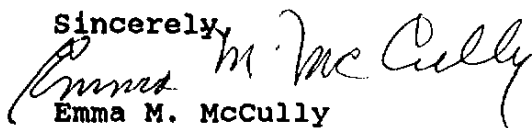
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Casa Bonita Restaurant, Inc.
Document # 501237

Please find enclosed the 1997 Annual Report and a check for \$165.00 for the above referenced corporation. We sold our business in late 1995. The report was mailed to our previous address and the new owners failed to forward the report to the proper party. Please waive any penalties and late fees.

If you need any additional information, please contact me.

Sincerely,



Emma M. McCully
President