SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

638995

(1)

| ISLAND'S COZY CAFE', INC. | | | | | | |
|--|--|---|---|---|--|---|
| Principal Place | e of Business | Mailing Address | | | | 94H 819H 819H 919H 919H 819H 819H 819H |
| 1021 ESTERO BLVD FT MYERS BEACH FL 33931 1021 ESTERO BLVD FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931 | | | 33931 | | 3. Date Incorporated or Qualified | 1 3a. Date of Last Report |
| | | | | | 10/08/1979 | 05/01/1995 |
| 2. Principa: P. :1 | lace of Business | 2a. Mailing Address | | | 4. FE! Number | Applied For Not Applicab |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | | 59-1935228 | \$8.75 Additional |
| 2 | | 27 | | | 5. Certificate of Status Desired | Fee Required |
| City & State | 9 | City & State | _ | | Election Campaign Financing Trust Fund Contribution | [] \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | | 8. This corporation has liability for | |
| 4 | 9. Name and Address of Curre | 29 | 30 | ··· | Florida Statutes 10. Name and Address of New F | Yes No |
| | | in negistered Agent | 81 | Name | 15. Name and Address of New P | ichieraich whaiir |
| | LISON, LARRY D. | | | | | |
| | 274 sa n Carlos Boulevare ITE 20 2 |) | 82 | Street Add | ress (P.O. Box Number is Not Accepta | able) |
| | MYERS BEACH FL 33931 | | 83 | | | ************************************** |
| • | | | 84 | City | The second secon | 85 Zip Code |
| 75 2 | | ******* | | | oration submits this statement for the | FL |
| 12. | Signature: Typed or printed name of registered as OFFICERS AI | gent and title Lapplicable (6 ND DIRECTORS | ú"E. Registered Agei 13. | nt signature requi | red when reinstating) ADDITIONS/CHANGES TO OFF | DATE FICERS AND DIRECTORS IN 12 |
| iit.£ | P | DELETE | 1 1 TITLE | | | Change Additi |
| NAME | BENSON, BRADFORD | | 1.2 NAME | | | |
| STREET ADDRESS | 927 PRESCOTT | | 13STREE! | - 1 | | |
| CITY - ST - ZIP TITLE | FT MYERS BEACH FL | | 1.4 CiTY - S | 1 710 1 | | |
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| | | DELFTE | 2.1 THTLE 2.2 NAME | 1-237 | | Change Addition |
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SIGNATURE:

turther cert by that the information inorcated 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 617, Florida Statutes, and that my name appears in Block 13 if changed, ogon an attachment with an address

GNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description: