

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K17423 (0)

1. Corporation Name
THE GRAND CAFE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 25 AM 9:16

Principal Place of Business Mailing Address
~~148 CRESTWOOD CIRCLE~~
~~STUART FL 34907~~
2004 EMBASSY DR
W. PALM BEACH, FL 33401
~~148 CRESTWOOD CIRCLE~~
~~STUART FL 34907~~
2004 EMBASSY DR
W. PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1988 3a. Date of Last Report 04/21/1994
4. FEI Number 65-0039090 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
7. This corporation has liability for intangible tax under s. 109.039 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTCHEL, GUY W JR
148 CRESTWOOD CIRCLE
STUART FL 34907

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSID
NAME SCOTCHEL, GUY W JR
STREET ADDRESS 148 CRESTWOOD CIRCLE
CITY ST ZIP STUART FL 34907

1.1 TITLE PSID
1.2 NAME SCOTCHEL, GUY W JR
1.3 STREET ADDRESS 2004 EMBASSY DR
1.4 CITY ST ZIP W. Palm Beach FL 33401

TITLE VP
NAME SCOTCHERL, LOIS
STREET ADDRESS 2004 EMBASSY DR
CITY ST ZIP W. PALM BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Scotcherl
LOIS SCOTCHERL

6-16-95

Date

6843495

Signature Phone #