FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -6 PM 2: 12

DOCUMENT # P92000012005 (4)

1. Corporation Name
BOKEELIA BACK BAY CAFE, INC.

Principal Place of Business
~~16501 STRINGFELLOW ROAD~~ PO Box 640
BOKEELIA FL 33922

Mailing Address
~~16501 STRINGFELLOW ROAD~~
BOKEELIA FL 33922

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 06/22/1995
4. FEI Number: 65-0378456 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 P. O. Box 640
Suite, Apt. #, etc.
22 Useppa Island
City & State
23 Bokeelia, FL
Zip 24 33922 Country 25

2a. Mailing Address
26 P. O. Box 640
Suite, Apt. #, etc.
27 Useppa Island
City & State
28 Bokeelia, FL
Zip 29 33922 Country 30

9. Name and Address of Current Registered Agent
SAUCHELLI, ALBERT V
~~16501 STRINGFELLOW ROAD~~ P. O. Box 640
BOKEELIA FL 33922

10. Name and Address of New Registered Agent
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 617.1508, 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] Aug 28/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SAUCHELLI, ALBERT V	
STREET ADDRESS	~~16501 STRING FELLOW ROAD~~ P. O. Box 640	
CITY-ST-ZIP	BOKEELIA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	MP 9/6	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	400001946224	
2.3 STREET ADDRESS	-09/12/96--01103--019	
2.4 CITY-ST-ZIP	****225.00 ****225.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 [signature] Aug 28/96 941-283-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Albert V. Sauchelli

CR2E034 (12/95)