FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070241 (3)

1. Corporation Name
MISTY'S CAFE, INC.

Principal Place of Business	Mailing Address
1110 N.W. 6TH ST. 2772 NW 43RD ST., MERIDIEN PLACE SUITE S GAINESVILLE FL 32601 US	1110 N.W. 6TH ST. 2772 NW 43RD ST., MERIDIEN PLACE, SUITE S GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1993	3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-3204660	Applied For / Not Applicable
5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liquor, fee information, etc. under § 106.033 Florida Statutes	[X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 305 N.E. 1st Street	26 305 N.E. 1st Street
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip 24 32601 — Country 25 USA	Zip 29 32601 — Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDINGER, GARY S. 1110 N.W. 6TH ST. MERIDIEN PLACE, SUITE S GAINESVILLE FL 32601	81 Name: Gary S. Edinger 82 Street Address (P.O. Box Number is Not Acceptable): 305 N.E. 1st Street 83 84 City: Gainesville FL 85 Zip Code: 32601

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 § 607.0505, Florida Statutes.

SIGNATURE [signature], R.A. — 4/27/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: ~~D~~ NAME: ~~SMITH, CLYDE~~ STREET ADDRESS: ~~17035 S.E. COUNTY ROAD 234~~ CITY-ST-ZIP: ~~MICANOPY FL~~	11 TITLE: P — [X] Change [ ] Addition 12 NAME: JERRY SULLIVAN 13 STREET ADDRESS: 17035 SE County Road, 234 14 CITY-ST-ZIP: Micanopy, FL 32667
TITLE: P NAME: ~~CHAMBERS, JOHN~~ STREET ADDRESS: ~~17035 S.E. COUNTY ROAD 234~~ CITY-ST-ZIP: ~~MICANOPY FL~~	21 TITLE: D — [X] Change [ ] Addition 22 NAME: MISTY LEAHY 23 STREET ADDRESS: 17035 SE County Road, 234 24 CITY-ST-ZIP: Micanopy, FL 32667
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP — [ ] Change [ ] Addition

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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(904) 338-4440
Daytime Phone #

0002464 CP