

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000022042 (3)**

1. Corporation Name

**THE OLD ROAD CAFE CORPORATION**

Principal Place of Business

**21611 OLD STATE RD.  
CUDJOE KEY FL 33042  
US**

Mailing Address

**P.O. BOX 421215  
SUMMERLAND KEY FL 33042  
US**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>03/22/1994</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>65-0469850</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> Country	<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>POLICHT, LISA M 21611 OLD STATE RD. 4A CUDJOE KEY FL 33042</b>				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City	
				<b>FL</b>	<b>85</b> 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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>P</b>	<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLICHT, LISA M</b>	<b>1.2</b> NAME	
STREET ADDRESS	<b>RT. 6, BOX 408</b>	<b>1.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>SUMMERLAND KEY FL 33042</b>	<b>1.4</b> CITY-ST-ZIP	
TITLE	<b>CEO</b>	<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLICHT, LISA M</b>	<b>2.2</b> NAME	
STREET ADDRESS	<b>RT. 6, BOX 408</b>	<b>2.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>SUMMERLAND KEY FL 33042</b>	<b>2.4</b> CITY-ST-ZIP	
TITLE	<b>ST</b>	<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTIGUE, LESLIE</b>	<b>3.2</b> NAME	
STREET ADDRESS	<b>RT. 2, BOX 596K</b>	<b>3.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>SUMMERLAND KEY FL 33042</b>	<b>3.4</b> CITY-ST-ZIP	
TITLE		<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>4.2</b> NAME	
STREET ADDRESS		<b>4.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>4.4</b> CITY-ST-ZIP	
TITLE		<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>5.2</b> NAME	
STREET ADDRESS		<b>5.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>5.4</b> CITY-ST-ZIP	
TITLE		<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>6.2</b> NAME	
STREET ADDRESS		<b>6.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>6.4</b> CITY-ST-ZIP	

**14.** I 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:

*Leslie Artigue*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-98

3057458800

Date

Daytime Phone #

0166390

CR2E034 (10/97)