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 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026798 (6)

1. Corporation Name
THE POTPOURRI RESTAURANT AND LOUNGE, INC.

Principal Place of Business
616 MONROE AVE
CAPE CANAVERAL FL 32920

Mailing Address
616 MONROE AVE
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29
Country: 25 / 30

4. FEI Number: 59-3234718 ☐ 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

9. Name and Address of Current Registered Agent

MIKEL, DEANE W
616 MONROE AVE
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name: Mikel, Deane W
82 Street Address (P.O. Box Number is Not Acceptable): 1923 A1A Hwy
83
84 City: Indian Harbour Beach FL
85 Zip Code: 32937

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: Deane W. Mikel 4/29/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ Change ☐ Addition
NAME	GAVAKIS, DIMITRIOS M	
STREET ADDRESS	112 DELEON RD	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DT	☐ Change ☐ Addition
NAME	GAVAKIS, ALEXANDRA B	
STREET ADDRESS	112 DELEON RD	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DS	☐ Change ☐ Addition
NAME	MIKEL, DEANE W	
STREET ADDRESS	616 MONROE AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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: Mikel, Deane W. Deane W. Mikel 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0420140 FP