

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000049464 (8)

1. Corporation Name
STEVE'S CAFE AMERICAIN, INC.

Principal Place of Business

12 WEST UNIVERSITY AVE
GAINESVILLE FL 32601
US

Mailing Address

12 WEST UNIVERSITY AVE.
SUITE 206
GAINESVILLE FL 32601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1994

4. FEI Number

59-3253676

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☒ No

2. Principal Place of Business

21 12 West University Avenue
Suite, Apt. #, etc.

22 City & State
Gainesville, FL

23 Zip
32601

Country

25 U.S.A.

2a. Mailing Address

26 12 West University Avenue
Suite, Apt. #, etc.

27 Suite 206
City & State

28 Gainesville, FL

29 Zip
32601

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN I
8436 NW 4TH PL
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name Williams, Stephen I
82 Street Address (P.O. Box Number is Not Acceptable)
12 West University Avenue
83 Gainesville, FL
84 City 32601
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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, STEPHEN I
STREET ADDRESS 8436 NW 4TH PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE VTSC
NAME WILLIAMS, WINTON E
STREET ADDRESS 8436 NW 4TH PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Williams, Stephen I.
1.3 STREET ADDRESS 12 West University Avenue
1.4 CITY-ST-ZIP Gainesville, FL 32601

2.1 TITLE VTSC
2.2 NAME Williams, Winton E.
2.3 STREET ADDRESS 12 West University Avenue
2.4 CITY-ST-ZIP Gainesville, FL 32601

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Stephen I. Williams

Step I. Williams

1/26/98

322-9227

CR2E034 (10/97)