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

DOCUMENT # P94000055954 (9)

1. Corporation Name
SALT WATER CAFE, INC.

Principal Place of Business
1071 N. TAMIAMI TRAIL
NOKOMIS FL

Mailing Address
1071 N. TAMIAMI TRAIL
NOKOMIS FL

3. Date Incorporated or Qualified: 07/28/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0507198 — ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

STEPHEN F. VOIGT, P.A.
2414 BEE RIDGE RD.
SARASOTA FL 34239

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 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 ________

12. OFFICERS AND DIRECTORS

TITLE	M	☒ DELETE
NAME	BAER, CRAIG B	
STREET ADDRESS	2660 DAVIS BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	S	☐ DELETE
NAME	DOMIN, JACK	
STREET ADDRESS	1071 TAMIAMI TRAIL NO.	
CITY-ST-ZIP	~~SARASOTA FL 34237~~ NOKOMIS, FL 34275	
TITLE	V	☐ DELETE
NAME	HOLEHOUSE, BRIAN	
STREET ADDRESS	1071 TAMIAMI TRAIL NO.	
CITY-ST-ZIP	~~SARASOTA FL 34237~~ NOKOMIS, FL 34275	
TITLE	P	☒ DELETE
NAME	ZUPELLI, ROXANNE	
STREET ADDRESS	1071 TAMIAMI TRAIL NO.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	GENERAL MANAGER	☐ DELETE
NAME	KAMAKA SMITH	
STREET ADDRESS	1071 N TAMIAMI TRAIL	
CITY-ST-ZIP	NOKOMIS, FL 34275	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	900001884279	☐ Change ☐ Addition
5.2 NAME	-07/03/96--01108--037	
5.3 STREET ADDRESS	***33.75	
5.4 CITY-ST-ZIP		
6.1 TITLE	000001884280	☐ Change ☐ Addition
6.2 NAME	-07/03/96--01108--038	
6.3 STREET ADDRESS	***200.00	
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] KAMAKA SMITH — 6/25/96 — (941) 488-3775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 7/3/96

CR2E034 (12/95)