SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # [

P94000055954 (9)

SALT WATER CAFE, INC.

Principal Place of Business

1071 N. TAMIAMI TRAIL
NOKOMIS FL

1071 N. TAMIAMI TRAIL
NOKOMIS FL

2. Principal Place of Business

2a. Mailing Address

2b. Mailing Address

2c. Mailing Address

FILED
Sep 09 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified	
- B		I do habito del		 	07/28/1994	
2. Principal Place of Business		28. Mailing Address 26 C/O B. Holchouse 6490 main S		main St.	4. FÉI Númber	Applied For
21		Suite, Apt. #, etc.		1	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			te		6, Election Campaign Financing	\$5.00 May Be
23		28 Williamsville, NY		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	u <u>rrent</u> year I <u>nta</u> ngible
24	25 29 14221		30 Eric		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent
STEPHEN F. VOIGT, P.A.				81 Name		
2414 BEE RIDGE RD.			8	2 Street Add	Address (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34239					' '	
			8	3		
ı			8	4 City	F	85 Zip Code
11. Pursuant	to the provisions of sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corpo	oration submits this statement for the purpose of	changing its registered
office or agent. I a	regist ere d agent, or both, in the State am fa mil iar with, and accept the oblig	e of Florida. Such change was a ations of, section 607.0505, Flo	authorized t orida Statut	y the corporat es.	tion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NC	OTE: Registered	Agent signature rec	quired when reinstating) DATE	
12,	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	S	DELETE 1.11				Change Addition
NAME	DOMIN, JACK					,
STREET ADDRESS	1071 TAMIAMI TRAIL NO.		1.3 STREE	TADDRESS 6	190 Main Strut Ste 6	
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CITY	ST-ZIP	lilliamsville, NY 14221	
TITLE	V	DELETE	2.1 TITLE			Change Addition
NAME	HOLEHOUSE, BRIAN		2.2 NAME		Clark She le	
STREET ADDRESS	1071 TAMIAMI TRAIL NO.		2.3 STREE	اها ET ADDRESS	190 main Street Ste. 6	
CITY-ST-ZIP	NOKOMIS FL 34275		2.4 CITY-	ST-ZIP U	Jilliamsville, NY 14221	
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZiP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY ST ZID			BA CITY	2T.7(D		

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 applications.

MONATUDE.

destox

(116) 631-5938

2E034 (5/98)