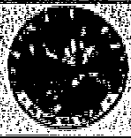


**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 21 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063303 (9)

1. Corporation Name
EXPRESSIONS CAFE, INC.

Principal Place of Business Mailing Address
**4303 VINELAND RD.
UNIT F-18
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/26/1994	3a. Date of Last Report
4. FEI Number 59-3264296	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**MIDSTATE LEGAL SUPPLY CORP.
4435 OLD WINTER GARDEN RD.
ORLANDO FL 32811**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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 constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P/T ☒ Change ☐ Addition
NAME	BICKLEY, LEROY	12 NAME	BICKLEY, LEROY
STREET ADDRESS	4303 VINELAND RD., UNIT F-18	13 STREET ADDRESS	same
CITY - ST - ZIP	ORLANDO FL 32811	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	V ☒ Change ☐ Addition
NAME	BICKLEY, KIM	22 NAME	BICKLEY, KIM
STREET ADDRESS	4303 VINELAND RD., UNIT F-18	23 STREET ADDRESS	same
CITY - ST - ZIP	ORLANDO FL 32811	24 CITY - ST - ZIP	
TITLE		31 TITLE	S ☐ Change ☒ Addition
NAME		32 NAME	MERRILL, RICK
STREET ADDRESS		33 STREET ADDRESS	4303 VINELAND RD, UNIT F-18
CITY - ST - ZIP		34 CITY - ST - ZIP	ORLANDO FL 32811
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 199.032(1)(b), 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: B. Leroy Bickley 17 March 1995 407-648-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR