

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000078362 (8)**

1. Corporation Name:
SOUTH BEACH CAFE, INC.



Principal Place of Business
**4133 FOURTH STREET, SUITE 305
SARASOTA FL 34236**

Mailing Address
**1133 FOURTH STREET, SUITE 305
SARASOTA FL 34236**

2. Principal Place of Business
21 **2201 Cantu Ct.**
Suite, Apt. #, etc.
22 **Suite 117**
City & State
23 **Sarasota, FL**
Zip Country
24 **34232** 25 **U.S.**

2a. Mailing Address
26 **2201 Cantu Ct.**
Suite, Apt. #, etc.
27 **suite 117**
City & State
28 **Sarasota, FL**
Zip Country
29 **34232** 30 **U.S.**

3. Date Incorporated or Qualified: **10/25/1994**
3a. Date of Last Report: **08/04/1995**
4. FET Number: **65-0533031**
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

**BURNHAM, THOMAS N
1133 FOURTH STREET, SUITE 305--
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable):
2201 Cantu Ct.
83 **Suite 117**
84 City: **Sarasota** FL 85 Zip Code: **34232**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	BURNHAM, THOMAS N	
STREET ADDRESS	1133 FOURTH STREET, SUITE 305	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS	2201 Cantu Ct. #117		
14 CITY-ST-ZIP	Sarasota, FL 34232		
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not conflict with the information stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 a registered or trusted employee and that my signature shall have the same legal effect as if made under oath, appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

CR2E034 (12/95)