

FILE NO.

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CURE

APRIL

1995



FLORIDA SECRETARY OF STATE

REGISTRATION

CORPORATIONS

PARTNERSHIPS

GENERAL BUSINESS

AGRICULTURE

INDUSTRY & TRADE

APPROVED
AND
FILED

MAY - 1 PM 4:30

TALLAHASSEE, FLORIDA

DOCUMENT # P94000088553 (0)

EXPRESSO-O CAPTIVA, INC.

11508 Andy Rosse Lane
 PO BOX 761
 CAPTIVA FL 33924

PO BOX 761
 CAPTIVA FL 33924

2. Date of Incorporation

21. State Act # R-06

22. City & State

23. Zip

24. []

26. Mailing Address

27. State Act # R-06

28. City & State

29. Zip

30. Country

B. Name and Address of Current Registered Agent

MANDERSCHEID, RICHARD P
 11508 ANDY ROSSE LAEN
 CAPTIVA FL 33924

11. CERTIFICATE OF AUTHORITY TO DO BUSINESS

3. Name of Corporation

12/05/1994

4. Date of Last Report

65055 4439

Applied For

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation has liability for a corporate tax under § 199 (0) (2).

Check Authority [] New [] No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (O/C Bus Number), City & Zip Code

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of the Florida Statutes, Chapter 409, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I, the undersigned, am authorized by the corporation's board of directors, thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 409(0) of the Florida Statutes.

SIGNATURE

Richard P. Manderscheid, President

Date of incorporation or registration

1994

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFICERS AND DIRECTORS

001 PSD
 NAME MANDERSCHEID, RICHARD P
 STREET ADDRESS 11508 ANDY ROSSE LANE
 CITY, ST, ZIP CAPTIVA FL 33924

001 VTD
 NAME GALANTE, ALICIA
 STREET ADDRESS 2600 ROOSEVELT PLACE
 CITY, ST, ZIP SANIBEL FL 33957

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 NAME
 02 NAME
 03 STREET ADDRESS
 04 CITY, ST, ZIP
 05 NAME
 06 NAME
 07 STREET ADDRESS
 08 CITY, ST, ZIP
 09 NAME
 10 NAME
 11 STREET ADDRESS
 12 CITY, ST, ZIP

14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 NAME
 02 NAME
 03 STREET ADDRESS
 04 CITY, ST, ZIP
 05 NAME
 06 NAME
 07 STREET ADDRESS
 08 CITY, ST, ZIP
 09 NAME
 10 NAME
 11 STREET ADDRESS
 12 CITY, ST, ZIP

15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 NAME
 02 NAME
 03 STREET ADDRESS
 04 CITY, ST, ZIP
 05 NAME
 06 NAME
 07 STREET ADDRESS
 08 CITY, ST, ZIP
 09 NAME
 10 NAME
 11 STREET ADDRESS
 12 CITY, ST, ZIP

16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 NAME
 02 NAME
 03 STREET ADDRESS
 04 CITY, ST, ZIP
 05 NAME
 06 NAME
 07 STREET ADDRESS
 08 CITY, ST, ZIP
 09 NAME
 10 NAME
 11 STREET ADDRESS
 12 CITY, ST, ZIP

14. I declare, under penalty of perjury, that the information supplied with this filing is accurately reflected and true and complete for the corporation stated in this form. I, (409(0) of the Florida Statutes) further certify that the information included in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect if made under oath that I am an officer or director of the corporation or manager or trustee empowered to execute this report as required by Chapter 409, Florida Statutes, and that my name appears on the Florida Business Plan, if I am a manager or director or trustee with an address.

SIGNATURE:

Alicia Galante, Alicia Galante
 Registration and renewal of name or assumed name

4/10/95 813 472-1354
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