SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # P95000004728 (8) ALLEY CAT'S CAFE, INC. Principal Place of Business Mailing Address 2475 MCMULLEN BOOTH RD 2475 MCMULLEN BOOTH RD CLEARWATER FL 34619 **CLEARWATER FL 34619** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt # etc Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARRITY & FULFORD, P.A. 81 Name 111 MADISON ST Street Address (P.O. Box Number is Not Acceptable) **SUITE 1050 TAMPA FL 33602** 83 84 City 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed once of repetered a jert and the it applies that (bOTE Responsed Alpertasjonare request when renduling) OFFICERS AND DIRECTORS

PRESIDENT 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)THEF DELETE 1.1 lift F Change Addition KEVIN S. GHERGAWI NAME 1.2 NAVE 31vd #1206 CR2E034 STREET ADDRESS 2717 1.3 STREET ADDRESS 34624 Clearwater CITY-ST ZIP 14 CITY - ST-ZIP TITLE DELETE 2 † TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 CITY-ST ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4 CHY-ST-ZIP TITLE DELETE 4 LITHELE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZiP 4.4 C+TY - ST - ZIP THTLE DELETE 5 1 TIJLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP I do hereby certify that the information in further certify that the information in supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I seed on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and lock 14 if charged, or or an attachment with an address. made under oath, that I am ar. that my name appears in Block

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

7/30/96 (813) 797-5555