FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000014454 (9)**

1. Corporation Name

COUNTRY CLUB CAFE, INC.

Principal Place of Business
1104 EAST DOLPHIN DRIVE
STUART FL 34996

Mailing Address
1104 EAST DOLPHIN DRIVE
STUART FL 34996

3. Date Incorporated or Qualified: 02/21/1995
3a. Date of Last Report:

4. FEI Number: 65-0557408 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~CORPORATION INFORMATION SERVICES INC.~~
~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: Charlotte C. Clayton
82 Street Address (P.O. Box Number is Not Acceptable): 309 Pelican Drive
83
84 City: Stuart FL 85 Zip Code: 34996

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: Charlotte C. Clayton   Charlotte C. Clayton   3/31/94
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS

TITLE	President - Director ☐ DELETE
NAME	John F. Clayton
STREET ADDRESS	1104 Dolphin Dr
CITY-ST-ZIP	Stuart FL 34994
TITLE	Vice-Pres. + Director ☐ DELETE
NAME	Vitro Rizzi
STREET ADDRESS	45 N. Ocean Ave
CITY-ST-ZIP	Patchogue NY 11772
TITLE	Sec-Tres ☐ DELETE
NAME	Kathleen Wilgenkamp
STREET ADDRESS	10400 S Ocean Drive
CITY-ST-ZIP	Apt 914 Jensen Beach FL 34957
TITLE	President - Director ☐ DELETE
NAME	John F. Clayton
STREET ADDRESS	1104 Dolphin Drive
CITY-ST-ZIP	Stuart FL 34994
TITLE	Vice President - Director ☐ DELETE
NAME	Vitro Rizzi
STREET ADDRESS	45 North Ocean Ave.
CITY-ST-ZIP	Patchogue NY 11772
TITLE	Secretary - Treasurer ☐ DELETE
NAME	Kathleen Wilgenkamp
STREET ADDRESS	10400 S. Ocean Drive
CITY-ST-ZIP	Apt 91.4 Jensen Beach FL 34957

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	000001791830	
4.3 STREET ADDRESS	-04/24/96--01008--009	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(k), 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: [signature] President   Pres-Dr.   3/31/94   407-287-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #