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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000014454 (9) COUNTRY CLUB CAFE, INC.

FILED Jan 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1104 EAST DOLPHIN DRIVE 1104 EAST DOLPHIN DRIVE STUART FL 34996 5825								
					3. Date Incorporated or Qualified 02/21/1995		e of Last Re 3/1996	eport
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 65-0557408		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	₹	\$8.75 A		
City & State		City & State		6. Election Campaign Financing		\$5.00		
23 Zip	Country	28	Countre	,	Trust Fund Contribution	ntonoible t	Added t	
24	25	29	30		8. This corporation has liability for intangible tax under s. 1 Florida Statutes Yes No		199.032,	
, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9. Name and Address of Current		1221		10. Name and Address of New Reg	sistered A	gent	
309	LYTON, CHARLOTTE C. PELICAN DRIVE IART FL 34998		81 82 83	Street Add	ress (P.O. Box Number is Not Acceptab	le)	85 Zip C	Code
agent La SIGNATURE 12. TillE	am familiar with, and accept the obligat Signature, typed or productions of registered agen OFFICERS AND	and the Lappinsable (NO			red when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	IS IN 12
NAME Street adoress City-St-Zip	CLAYTON, JOHN F 1104 EAST DOLPHIN DRIVE STUART FL 34996		1.2 NAME 1.3 STREE 1.4 CITY-:	T ADDRESS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VD DELETE RIZZI, VITRO 45 N OCEAN AVE STUART FL 34996		21 TITLE 22 NAME 2.3 STREE 2.4 CITY-	r aodress St-Zip			Change	Addition
TITLE NAME STREET ADDRESS CITY+SE-ZIP	ST WILGENKAMP, KATHLEEN 10600 S OCEAN DR APT G4 JENSEN BEACH FL 34957	DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	I ADORESS ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	4 1 TITLE 4 2 NAME	r address			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZiP		DELFTE	51 TITLE 52 NAME	T ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME	I ADORESS			Change	Addition

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 businessement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 chapters, or on an attachment with anothers.

SIGNATURE: