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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

P95000016989 (2)

SPRINGS CAFE, INC.							
Principal Place of	of Business	Maling Addi	ress				
	H SUNCOAST BLVD.	3910 SC	OUTH SUNCOAS	T BLVD.			
HOMASASSA FL 3444/8		HOMAS	HOMASASSA FL 34447 344448			3. Date incorporated or Qualified 02/28/1995	3a. Date of Last Report
8 Dringing Dia	as of Business	2a, Mailing A	Address			4. FEI Number	Applied For
2. Principal Pla	ce or business	26	Acid 6 35			69-3328999	Not Applicable
Suite, Apt #	. etc.		pt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	,	27				5. Cermicate of Status Desired	Fee Required
City & State		City & S	tate			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Ļ	Country		8. This corporation has liability for	
24	25	29		30		Florida Statutes Yes	
	9. Name and Address of Currer	nt Registered Ag	jent	01	l Noosa	10. Name and Address of New F	registered Agent
				81	KAKE	N A. KRICK	
	CH, MICHAEL T			82	Street Addr	ress (P.O. Box Number is Not Acceptate S, SPRING BREET	LE WAY
7731 (OLD FLORAL CITY ROAD SUITE	1		83	375 6	, S, SPRING BREEZ	E WAY
' Flora	IL CITY FL 34436			63			
				84	91		FL 85 7ip Code
					Homo	3 <i>A</i> \$5 <i>A</i>	
or rogistore	ad about for both in the State of Flori	da. Such chaoce	was authorized.	the above :	named corpo loration's boa	ration submits this statement for the pu ind of directors. Thereby accept the app	rpose of changing its registered officer icintment as registered agent. Lam
familiar wit	h, and accept the obligations of. Sec	tian 607.0505, Flo	orida Statutes.	. /		. / . *	
SIGNATURE _	KAREN A. KRIC)are	n a. 7	Truck	6/14/96
	Signature, typed or printen har is of registered agos. OFFICE DC: AN	DIRECTORS	(N 3 IE	13.	nisignatare require	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
12.			DELETE	1 1 JULE		PRODUING OF THE OTHER	Change Addition
	D POMOU MICHAELT		, , , , , , , , , , , , , , , , , , , ,	1.2 NAME			
NAME	KOVACH, MICHAEL T			1.2 (4-1)			
STREET ADDRESS	7731 OLD FLORAL CITY R	MAD CHITE 4		1.2 01000	ADDRESS		
	PLANAL ARTY PLANASA	IOAD SUITE 1			T ADDRESS		
CITY-ST-ZIP	FLORAL CITY FL 34436) DELETE	1.4 CITY-			□ Change □ Addition
TITLE	PRESIDENT) DELETE	1.4 CHY- 2.1 THE			Change Addition
TITLE NAME	PRESIDENT		•	1.4 CHY- 2.1 THLE 2.2 NAME	S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS	PRESIDENT GERDA KOLBE 6038 W. WAYWEE	وهالي مع	•	1.4 CHY- 2.1 MILE 2.2 NAME 2.3 STHEE	ST-ZIP T ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEROA KOLBE GOST W. WAYWAS HOMOSASSA, FL	20 WW0 34448	LOOP	1.4 CHY- 2.1 THEE 2.2 NAME 2.3 STHEE 2.4 CHY-	ST-ZIP T ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	PRESIDENT GEROR KOLBE 6038 W. WAYWAA HOMOSASSA, FL VICE PRESIDENT	20 WW0 34448	•	1.4 CHY- 2.1 THE 2.2 NAME 2.3 STHE 2.4 CHY- 3.1 THE	ST-ZIP T ADDRESS		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal 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:

What Was a supplementary of the corporation of the corporation of 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:

What Was a supplementary of the corporation of th