

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 # P95000016989 (2)

1. Corporation Name
SPRINGS CAFE, INC.



Principal Place of Business: 3910 SOUTH SUNCOAST BLVD. HOMASASSA FL 34448
Mailing Address: 3910 SOUTH SUNCOAST BLVD. HOMASASSA FL 34448 34448

3. Date Incorporated or Qualified: 02/28/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 69-2326999
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 [x] No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21-24: Suite, Apt. #, etc.; City & State; Zip; Country
26-30: Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent
**KOVACH, MICHAEL T
7731 OLD FLORAL CITY ROAD SUITE 1
FLORAL CITY FL 34436**

10. Name and Address of New Registered Agent
81 Name: **KAREN A. KRICK**
82 Street Address (P.O. Box Number is Not Acceptable): **3756 S. SPRING BREEZE WAY**
83 [Blank]
84 City: **HOMASASSA** FL 85 Zip Code: **34448**

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: **KAREN A. KRICK** (Signature, typed or printed name of registered agent or officer or director)
Karen A. Krick (Handwritten signature)
DATE: **6/14/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOVACH, MICHAEL T	
STREET ADDRESS	7731 OLD FLORAL CITY ROAD SUITE 1	
CITY - ST - ZIP	FLORAL CITY FL 34436	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	GERDA KOLBE	
STREET ADDRESS	6088 W. WAYWARD WIND LOOP	
CITY - ST - ZIP	HOMASASSA, FL 34448	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	WOLFGANG KOLBE	
STREET ADDRESS	6088 W. WAYWARD WIND LOOP	
CITY - ST - ZIP	HOMASASSA, FL 34448	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200001872842
5.4 CITY - ST - ZIP	-06/24/96--01027--003
	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

5/19/96
am

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: **Gerda Kolbe President** 4/28/96 (352) 628-0931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)