FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039831 (9)

CONNIE'S CAFE, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				T AGORIZON HIG SOLDS BRILL GOTH GRAND GOTH GOTH GOTH GOTH GOTH GOTH GOTH GOTH	
2000 RINGLING BOULEVARD SARASOTA FL 34237		2080 RINGLING BOULEVARD SARASOTA FL 34237		DO NOT WRITE IN TI	HIS SPACE
				3. Date incorporated or Qualified 05/18/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0582071	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		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	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Register	red Agent
	NGT, STEPHEN F P.A.		81 Name		
24	14 BEE RIDGE ROAD		82 Street	Address (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34239					
			83		
			84 City		85 Zip Code
44 D		10000 1 007 4500 Florida 6			L 63 Zip code
office or r	registered agent, or both, in the sum familiar with, and accept the c	State of Florida. Such change v	was authorized by the corr	corporation submits this statement for the purpor poration's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed name of registers		(NOTE: Registered Agent signature	a required when reinstaina) DA	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	<u> </u>
TITLE	P	DELETE		7.0017101101111111111111111111111111111	Change Addition
NAME	SHORT, CONNIE	_	1.2 NAME		
STREET ADDRESS	815 HOULE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VP	DELETE			Change Addition
HAME	SHORT, ROBERT		2.2 NAME		• -
STREET ADDRESS	815 HOULE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE			Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		į
TITLE		DELETE			Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1	
TITLE		☐ DELETE			Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE			☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-ST-ZIP	1			,	
	_		6.4 CITY - ST - ZIP		

officer or director of the copyright supplemental annual report is true and accurate and trial my signature shall have the same legal effect as it made under oath; that I am a officer or director of the copyrightion or the receiver optrustee 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.

CONNIESHORT