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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90215 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000065353

1. Corporation Name  
CAPTIVA SUNSHINE CAFE, INC.

Principal Place of Business

14900 CAPTIVA ROAD  
CAPTIVA FL 33924  
US

Mailing Address

13891 JETPORT LOOP  
SUITE 19  
FORT MYERS FL 33913  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1995

4. FEI Number

65-0608374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 6460 TOPAZ COURT

Suite, Apt. #, etc.

27 UNIT A

City & State

28 FORT MYERS, FL

Zip

Country

29 33912

30

9. Name and Address of Current Registered Agent

BRUST, BRUCE  
14900 CAPTIVA ROAD  
CAPTIVA ISLAND FL 33924

10. Name and Address of New Registered Agent

81 Name

BRUST, BRUCE

82 Street Address (P.O. Box Number is Not Acceptable)

6460 TOPAZ COURT

83

UNIT A

84

CITY FORT MYERS

FL

85 Zip Code

33912

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

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 ☐ DELETE

D  
NAME BRUST, BRUCE  
STREET ADDRESS 14900 CAPTIVA ROAD  
CITY-ST-ZIP CAPTIVA ISLAND FL 33924

TITLE ☐ DELETE

PVST  
NAME BRUST, BRUCE  
STREET ADDRESS 14900 CAPTIVA ROAD  
CITY-ST-ZIP CAPTIVA ISLAND FL 33924

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

D  
BRUST, BRUCE

6460 TOPAZ COURT

FORT MYERS, FL 33912

PVST ☒ Change ☐ Addition

BRUST, BRUCE

6460 TOPAZ COURT

FORT MYERS, FL 33912

☐ Change ☐ Addition

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14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)