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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

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CITY - S1 ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 27 1997 8:00am

Secretary of State

Change

Change

Change

Addition

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011262 (8)

YVETTE'S FRENCH QUARTER CAFE, INC.

Principal Place of Business Mailing Address 2324 NORTH HWY A1A 2324 NORTH HWY A1A INDIALANTIC FL 32903 INDIALANTIC FL 32903-2509 3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1996 Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCCARTHY, YVETTE T Name 2324 NORTH HWY A1A 82 Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903 83 Zip Code 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 farmer with, and accept the obligations of, Section 607.6505, Florida Statutios. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)D TITLE DELETE 1.1 TITLE Change Addition MCCARTHY, YVETTE T NAME 1.2 NAME 734 PALM SPRING CIRCLE STREET ADDRESS 1.3 STREET ADDRESS INDIAN HARBOR BEACH FL 32937 DITY - S1 - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C-TY - ST - ZIP 2 4 CITY - ST-ZIP DELETE THLE 3.1 TITLE ☐ Change Addition KAME **3.2 NAME**

14. If 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 attachmostic with an address.

3.3 STREET ADDRESS

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5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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34. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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