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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90022 047 ***150.00

DOCUMENT	#	P96000011607	•

1. Corporation Name

CHELSE	A OF LEE COUNTY, INC.								
Orlegia d Disco	a of Pupingan	Ma	illing Address				ist korft oden som	(188) ilālā Ritti	ssin isol iosi
Principal Place 8024 ALICO RD ET. MYERS FL) <u>.</u>	802	4 ALICO RD. MYERS FL 33912			DO NOT	WRITE IN THIS	SPACE .	
						3. Date incorporated or Qual 02/06/1996			
8 80 11 18	- of Bushasa	1 20	Mailing Address			4. FEI Number		An	plied For
 -	tace of Business	26	Watting Address			65-0654298		 	t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.					\$8.75 ^	
22	w, o.o.	27				5. Certificate of Status Desire	d 🗆	Fee Re	quired
City & State	е		City & State -	~		6. Election Campaign Finance	ing 🗆	\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Feas .
Zip	Country		Zip	Cou	ntry	8. This corporation owes the	current year Int	angible	
24	25	29		30		Personal Property Tax.			[]No
	9. Name and Address of Curr	ent Regist	tered Agent			10. Name and Address of No	w Registered	Agent	
0					81 Name				Í
	ESMAN, ALAN H				82 Street Add	dress (P.O. Box Number is Not Acc	eptable)		
	ALICO RD.			ļ		-			
F1. P	MYERS FL 33912				83				
	•				84 City			85 Zip C	Code
							F <u>L</u>		
office or r	to the provisions of Sections 607.01 egistered agent, or both, in the Stal	ite of Florid	a. Such change was	s autnonzed	Dy the corporat	tion's board of directors. I hereby a	ccept the appoi	ntment as reg	gistered
office or re agent. I a SIGNATURE	egistered agent, or both, in the Stal m familiar with, and accept the oblig Signature, typed or printed name of registered a	ite of Florid igations of, agent and title i	sa. Such change was Section 607.0505, 1	S authorized Florida Statu OTE: Registered	Dy the corporat	red when reinstaling)	DATE	intilient ve ici	gistined
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office or ragent. I a SIGNATURE 12.	egistered agent, or both, in the Stal m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A	ite of Florid igations of, agent and title i	sa. Such change was Section 607.0505, 1	S aumonzed Florida Statu OTE: Registered 13.	Agent signature require	red when reinstaling)	DATE	intilient ve ici	gistined
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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 of frustee 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 in the property with an address, with all other like empowered.

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

P96000011607
603881-90022-4

PNINUAL REPORTS FILS 17260-11 EAGLETICACE
POBOX 1500
FT. MYERS
THLEAHASSEE
FLORINA 33908
FL. 32302-1500
TEL 941 437 0636

RE:- ANNUAL REPORTS FILING. CHELSEA OF LEE COUNTY INC. D.B.A. HALFWAY CAFE. EIN 65-0654298.

DEAR SIR.

IN REGARDS TO OUR RECENT

TELEPHUNE CONVERSATION PLEASE FINDS

ENCLOSED REPLACEMENT CHECK AND PHOTO

COPY OF DRIGHNAL SUBMISSION MAILES

ON 4-16-99. MY BANK STATEMENTS

SHOW THAT THIS CHECK HAS NOT SEEN

PRODUCED FOR PAYMENT AND A "STOP"

IS BEING PLACED ON IT. I APPLICASE

FOR THE LOSS AND SUBSEQUENT EXTRA

PAPERWORK ON YOUR PART AND I ALSO

APPRECIATE YOUR UNDERSTANDING

AND ALLOWING ME TO PAY ONLY THE